

2009-2010

Informed Consent Agreement
WEBER STATE UNIVERSITY
Weber State University Campus Recreation



I hereby acknowledge that certain risks of injury are inherent to participation in any sporting, exercise, or recreational activity. These types of injuries may be minor or serious and may result from one's own actions, or the actions or inactions of others, or a combination of both. I also understand that it is my responsibility to become knowledgeable about how to minimize or prevent the risks associated with the activities I choose to participate in. I understand that there is a possibility that I might be exposed to bodily fluids, and in such an instance I will notify the appropriate campus personnel of such contact.

I recognize that participation in campus recreation programs may involve moderate to strenuous physical activity and may cause physical and or emotional distress to participants. There may also be associated health risks. I state that I am free from any known heart, respiratory or other health problems that could prevent me from safely participating in any of the activities. I also acknowledge and understand that certain activities require a minimum level of health and fitness (physical, mental and emotional) and that each person has a different capacity for participating in these activities. I hereby warrant being physically fit and possessing adequate health to participate, and understand that the choice to participate brings with it the assumption of those risks and results which are part of these activities, and understand it is my responsibility to obtain medical clearance if there is any doubt in my mind as to my health and fitness status.

I certify that I have medical insurance or otherwise agree to be personally responsible for costs of any emergency or other medical care that I receive.

I understand that rules and regulations are designed for the safety and protection of participants, and hereby undertake to abide by these rules and regulations

I further agree to release the State of Utah, Weber State University, their agencies, departments, officers, employees, agents and all sponsors, officials and staff or volunteers from any and all liability, claims, demands, breach of warranty, negligence, actions, and causes of actions whatsoever for any loss, claim, damage, injury, illness, attorney's fees or harm of any kind or nature to me arising out of my participation in any campus recreations course/program. This release extends to any claim made by parents or guardians or their assigns arising from or in any way connected with the aforementioned activities.

CONSENT

Consent is expressly given, in the event of injury, for any emergency aid, anesthesia and / or operation, if in the opinion of the attending physician, such treatment is necessary.

I have carefully read and understand the contents of the foregoing language and I specifically intend it to cover my participation in the campus recreation courses or programs.

I give Campus Recreation consent to access my student records for eligibility purposes.

NAME _____ PHONE NUMBER _____
(Please print)

CLUB _____ W# _____

SIGNATURE _____