Informed Consent Agreement

Weber State University

Wellness Time Participation Form

I, the undersigned, hereby acknowledge that certain RISKS OF INJURY are inherent to participation in sports, exercise, and recreational activities. 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 and/or prevent the risks associated with the activities I choose to participate in.

I, the undersigned, understand that the RULES AND REGULATIONS are designed for the safety and protection of participants, and hereby agree to abide by the rules and regulations.

I, the undersigned, understand that certain activities require a minimum LEVEL OF FITNESS AND HEALTH (physical, mental and emotional) and that each person has a different capacity for participating in these activities.

I, the undersigned, hereby represent and confirm that I am physically fit and possess adequate health to participate in these activities, and understand that the choice to participate brings with it the ASSUMPTION OF THOSE RISKS AND RESULTS which are part of these activities. I fully agree to assume these risks and results and understand and agree that it is my responsibility to obtain medical clearance if there is any doubt in my mind as to my health and fitness status.

I agree that WEBER STATE UNIVERSITY and/or its employees/agents shall not liable for injury to my person or loss or damage to my personal property arising from - or in any way resulting from participation in these activities, UNLESS such injury, loss or damage is caused by the sole gross negligence of the University or its employees/agents while acting within the scope of their employment. I hereby release and hold Weber State University harmless from any and all damages arising from my participation in these activities, including court costs and attorneys fees.

I declare having read and understood the above INFORMED CONSENT AGREEMENT in its entirety and hereby consent to participate, acknowledging all of the foregoing.

Name _____ _____

(Signature) (Print)

Date _____