

Informed Consent Agreement

Weber State University

Administrative Services Wellness 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 understand that there is a very remote possibility (e.g., accident) that I might be exposed to bodily fluids (i.e., blood), which may contain the Hepatitis B agent or HIV virus. Please notify supervisory personnel immediately for instructions in dealing with this situation.

I, the undersigned, understand that the RULES AND REGULATIONS are designed for the safety and protection of participants, and hereby undertake 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 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, the undersigned, understand that the released time and activities I participate in are not covered by WORKERS COMPENSATION and may not be eligible for coverage in the case of a physical injury during that time.

I agree that WEBER STATE UNIVERSITY and /or its employees/agents shall not be 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 sole negligence of the University or its employees/agents while acting within the scope of their duties.

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 _____