



OHIO
UNIVERSITY
Division of Student Affairs

Ohio University Club Sports

Department of Campus Recreation

ASSUMPTION OF RISK

*This is a legal document only to be completed in blue or black ink.

Name – Please Print

Club Sport

PID #

Email

The undersigned desires to participate in the following Ohio University Club Sport _____.
I am aware and have been informed that these activities involve physical and emotional risks, such as physical person-to-person contact, exertion, use of equipment and the use of indoor and outdoor facilities.

In consideration of Ohio University's efforts on my behalf, I do hereby voluntarily assume all risk of death, accident, injury, damage, and/or loss to myself or my property which may arise out of my participation in the said program. I also hereby release and discharge the State of Ohio, Ohio University, and all Ohio University officers and personnel paid or volunteer associated or connected with the said program for every claim, liability or damage of any kind caused by the negligence of the State of Ohio, Ohio University, personnel involved or otherwise which may result from my participation in the said program.

I further hereby represent that I do not have any medical impairment, disease, physical liability or injury which would prevent my participation in the said program; and that I have medical insurance that covers my participation.

I voluntarily choose to participate in the activities of the Club Sport team.

Please check appropriate classification:

_____ Ohio University Student _____
Signature of Participant Date

_____ Ohio University Faculty/Staff _____
Cell Phone Home Phone

Campus Address

(IF UNDER 18)

The undersigned parents or legal guardians of said above signed participant have read the foregoing release and hereby consent that said participant may participate in the designated Club Sport, and do hereby waive any and all claims to damage or liability to person or property of said participant as stated above.

Signature of Parent or Legal Guardian

Date



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**EMERGENCY
CARD**

Date _____
Name _____ Club _____
PID # _____ Date of Birth _____
Campus Address _____ Cell Phone _____
Email Address _____
Campus Emergency Contact _____

Who to Notify in Case of Emergency?

Name _____ Relationship _____
Address _____
Phone (H) _____ Phone (W) _____

Insurance Information

Insurance Company _____ Member ID _____
Group Number _____ Exp. Date _____

General Information (circle or explain):

- | | | | |
|---|---|----|---|
| Y | N | 1. | Do you wear contacts? |
| Y | N | 2. | Do you wear them during competition? Hard or Soft? (circle one) |
| Y | N | 3. | Do you have allergies? If yes, please list:
_____ |
| Y | N | 4. | Are you taking any medications regularly? If yes, please list:
_____ |
| Y | N | 5. | Do you have any respiratory problems? If yes, please list:
_____ |
| Y | N | 6. | Have you ever suffered a head injury? |
| Y | N | 7. | If yes, was it severe enough to see a doctor? |
| Y | N | 8. | Do you have any medical problems or history of injury that would be important for us to know?
Ex. Diabetes, high blood pressure, epilepsy, dislocated shoulder, injured knee, etc. If yes, please list:
_____ |
| | | 9. | Please give the approximate date of your last tetanus shot.
_____ |