

Huntington University

Consent for Voluntary Athletic Participation ASSUMPTION OF RISK AND RELEASE WAIVER

I am aware that playing or practicing in any sport can be a dangerous activity involving MANY RISKS OF INJURY. I understand that the dangers and risks of playing or practicing in any sport include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis or brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system, and serious injury or impairment to other aspects of my own body, general health or well-being.

Because of the dangers of participating in any sport, I recognize the importance of following the coach's instructions regarding playing techniques, training rules of the sport, other team rules, and to obey such instructions. All participants, voluntary or otherwise, have the responsibility to help reduce the chance of injury. Therefore, all volunteers, including but not limited to coaches, assistants, student-athletes,non-roster athletes, athlete recruits, other students, etc.who voluntarily participate in an athletic program or activity for Huntington University must obey all safety rules and regulations, report all physical problems to the coach and athletic trainer and follow a proper conditioning program, and inspect personal protective equipment daily. Proper execution of skill techniques must be followed for every sport, especially in contact sports.

As a volunteer, including but not limited to coaching, an assistant, student-athlete, non-roster athlete, athlete recruit, other student type, etc. who is voluntarily participatingin athletic programs and activities in the Huntington University athletic program and by signing below, I voluntarily agree to assume and/or incur all risks of loss, impairment, damage or injury of whatever kind, including death, that may be sustained or suffered or associated by my participation in any athletic program or event whether or not the result is in whole or in part from acts or omissions, negligence or other unintentional fault of the events or activities of Huntington University.

In addition, I (including my heirs, assigns and personal representatives) agree to release, hold harmless, and indemnify Huntington University, the physicians, and other practitioners of the healing arts treating me from and against any and all liability, claims, demands of any kind and nature, actions, causes of action, lawsuits, expenses, or losses (including attorneys' fees) of any kind and nature whatsoever arising by, or in connection with oron account of property damage or personal injury (including death) arising out of or attributable to the individual's travel to/from or participation in any event(s)/activities in relation to Huntington University. I understand that Huntington University athletic insurance coverage is available to me if I am a rostered student athlete and representative of HU. Furthermore, I understand that Huntington University athletic insurance coverage is not responsible for pre-existing injuries/illness and injuries/illnesses not attributable to athletic participation.

This Assumption of Risk and Release Waiver applies to Huntington University and all of its trustees, officers, directors, managers, servants, agents, faculty, staff, students, volunteers, employees, advisors and/or representatives and remains in effect until such time as it is no longer valid.

I have read and fully understand the voluntary athletic participation information above and I acknowledge that I agree to the contents and provisions in this document.

Participant's Name:(Please print)	Date:
Participant's Signature:	
Participant's Address:	
Participant's S.S. # (last 4 #'s):xxx-xx	Date of Birth:
Signature of parent or guardian (required if partic	ipant is under18 years old and single
Emergency Contact information in the event of ar	 ı emergency:
1Name& relationship:	Phone:
2. Name& relationship:	Phone: