

Marietta College

Statement of Consent, Assumption of Risk, and Release

ATTENTION...students registering for Marietta College courses!

Students registering for Marietta College courses involving physical exertion must complete the Statement of Informed Consent, Assumption of Risk, and Release form.

Procedure:

1. Student completes Statement of Informed Consent, Assumption of Risk, and Release form
2. Students must complete on the first day of the class.

Name _____ Social Security No. _____

Local Address _____

I have registered in the following course or desire to participate in the following activity sponsored by Marietta College _____ I understand that participation in this activity/course involves inherent risks of injury, and that the nature of the risks may vary depending upon the type of activity, instructor, and my own physical condition and conduct. I also understand that it is not possible to specifically list each and every individual risk, but that most courses and activities may involve risks associated with strenuous exercises, as well as risks from the usage of equipment or participation in group activities. I acknowledge that I will either ask for or have been given any information that I need to determine the general risks associated with this course/activity.

I understand that I will complete a written self-evaluation of my health status to help determine whether I must seek a physician's permission before participating in this course/activity, but that it is ultimately my responsibility to determine whether I can safely participate in this course/activity. I understand and agree that if the College determines based on the results of the initial evaluation that a medical clearance is necessary, that I will not be allowed to participate in any physical activities that are a part of this course/activity until I have consulted with my physician and obtained written permission.

I understand that certain precautions may be advised for the particular course/activity. I agree to follow those precautions and to conform to all rules and policies of the department, the instructor, and any other sponsor of this course/activity. However, I recognize that these precautions will not eliminate the risks inherent in the course/activity.

Should I, in the sole judgment of the College, require emergency medical treatment as a result of my participation in the activities mentioned hereinabove and am not able to pursue said treatment on my own behalf, I authorize Marietta College to pursue said treatments on my behalf to the extent that the College deems necessary.

I voluntarily assume all risks of loss, damage, illness, or injury which I may sustain while participating in this course/activity, including travel and any usage of any equipment or facilities. I will make no claim against and release, waive, discharge hold harmless and indemnify, on behalf of myself, my personal representative and my heirs, Marietta College and its trustees, employees, and volunteers for any and all claims and causes of actions for any injury or loss, or for damages, costs, expenses, or compensation that may occur during or result from my participation in this course/activity, including the pursuit of emergency medical treatment on my behalf, whether arising through the negligence, omission, default, or other action of any person or event associated with this course or event, including fellow participants.

DATE

SIGNATURE OF PARTICIPANT

If the participant is under the age of 18, both parents or guardians must complete the following:

I have read and understand the above information. I give my permission for my child to participate in this course/activity and grant the same informed consent, assumption of risk, and release on behalf of myself, my child & the child's family.

SIGNATURE OF #1 PARENT/GUARDIAN DATE

SIGNATURE OF #2 PARENT/GUARDIAN DATE

In case of accident or injury, please notify:

Name _____

Relationship _____

Day Phone _____

Evening Phone _____

Approved 22Jan03