

**WRIGHT STATE UNIVERSITY
INFORMED CONSENT, VOLUNTARY WAIVER, RELEASE OF LIABILITY
& ASSUMPTION OF RISKS FORM**

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A LEGALLY BINDING DOCUMENT. THIS FULLY SIGNED FORM AND MEDICAL INFORMATION AND RELEASE FORM MUST BE COMPLETED, SIGNED, AND SUBMITTED BY PARTICIPANT (AND PARENT/GUARDIAN IF PARTICIPANT IS A MINOR UNDER AGE 18) BEFORE PERMISSION TO PARTICIPATE IN THE ACTIVITY WILL BE GRANTED.

PARTICIPANT/ACTIVITY INFORMATION

Name of Participant _____

Street Address _____ City _____ State _____ Zip _____

Phone Number () _____ Date of Birth _____

Name of Activity _____

Dates of Activity _____

In consideration for permission to participate in activities at and to access the property and facilities of Wright State University, I/we, the undersigned, wish to participate/wish for my/our Child to participate in the above referenced activity on the date(s) and location(s) indicated above and, in consideration for participation, I/we hereby agree as follows:

I/we understand that participation in this activity could involve risk of physical injury, illness, disability, death or property loss, and despite safety precautions, WSU cannot guarantee safety thereof, as all risks cannot be predicted. WSU does not provide health and accident insurance for participants, and I/we understand that any medical expenses, property loss, or other personal expenditures that occur during or as a result of this activity, are to be borne by the participant, or by the parent or guardian (if participant is a minor). I/we also hereby consent, give authorization to, and release from liability WSU activity leaders who obtain emergency medical treatment in the event the participant is unable to.

I/we further acknowledge that if I/my child drives his or her own vehicle, or is a passenger in another's private vehicle in connection with this activity, that WSU's insurance does not cover such a private vehicle. I/we also understand that WSU cannot be responsible for assuring the safety and reliability of such private transportation or driver, nor for any non-sponsored activities and travel that I/my child might choose to participate in before, during or after the university sponsored activity, and I/we therefore accept the risks and responsibilities associated with such private vehicle travel and activities.

In consideration of the opportunity afforded, with full knowledge and acceptance of the risks associated with this activity noted within; and with full understanding of the above issues/conditions and risks, I/we hereby release, indemnify and hold harmless the State of Ohio, Wright State University, its Board of Trustees, Administration, Faculty, Staff, Student Leaders, the Activity Staff, and all other officers, directors, employees, volunteers and agents from any and all liability as to any right of action that may accrue for any injury or loss that I/my child may suffer while participating in this activity.

This RELEASE shall be governed by and construed under the laws of Ohio.

This RELEASE contains the entire agreement between the parties to this agreement and the terms of this RELEASE are contractual and not a mere recital. The information I/we have provided is disclosed accurately and truthfully. I/We have been given ample opportunity to read this document and I/we understand and agree to all of its terms and conditions. I/We understand that I am/we are giving up substantial rights (including my/our right to sue), and acknowledge that I am/we are signing this document freely and voluntarily, and intend by my/our signature(s) to provide a complete and unconditional release of all liability to the greatest extent allowed by law.

My/Our signature(s) on this document is/are intended to bind not only myself/ourselves and my/our Child but also the successors, heirs, representatives, administrators, and assigns of myself/ourselves and my/our Child.

Signature of Student/Participant

Signature of Parent or Guardian
(needed if student/participant is a minor – under 18)

Print Student/Participant Name

Print Parent/Guardian Name

Date

Date

MEDICAL INFORMATION AND RELEASE

Wright State University requests the information below so that, in case of emergency, the University will have accurate information to enable Activity staff to provide and/or seek appropriate treatment for you/ your child.

GENERAL INFORMATION

Participant Name: _____

Parent(s)/Legal Guardian(s) Name (if applicable): _____

Street Address: _____ City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____

Please list two emergency contacts:

Name of Emergency Contact #1: _____

Home Phone	Work Phone	Cell Phone	Relationship

Name of Emergency Contact #2: _____

Home Phone	Work Phone	Cell Phone	Relationship

MEDICAL INFORMATION

It is recommended that you consult with your physician prior to participating in this Activity. If you are uncertain about any preexisting medical conditions that may prohibit you/your child from participating safely in this Activity, it is your responsibility to consult with your own physician prior to participating in this Activity.

Do you have health/accident insurance? (circle one): YES NO

If yes, please indicate policy number, name and address of insurance company.

Company Name/Address _____ Policy# _____

PLEASE ENCLOSE A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD WITH THIS FORM

AUTHORIZATION FOR MEDICAL CARE

I consent to me/my child receiving medical attention in the event of illness or medical emergency while participating in this Activity. I acknowledge that Wright State University does not provide health and accident coverage to Activity participants and that I/we have adequate health insurance necessary to provide for and pay any medical costs that may be attendant as a result of any injury I/my child may sustain. I/we further agree to accept full responsibility for any and all expenses, including medical expenses that may derive from any injuries to my person that may occur during my participation in the Activity.

By signing my name I represent and warrant that I have provided accurate and complete information to Wright State University.

I understand that the above medical information that I have disclosed will not be used by Wright State University to determine my/my child’s ability to participate safely in this Activity. I understand that, if I/my child choose(s) to participate in the Activity, I/my child do(es) so voluntarily and of my/my child’s own accord and the final decision regarding participation is solely my/our responsibility.

Signature of Student/Participant

Signature of Parent or Guardian
(needed if student/participant is a minor – under 18)

Print Student/Participant Name

Print Parent/Guardian Name

Date

Date