

SPORT CLUB

INFORMED CONSENT; RELEASE AND INDEMNITY; INSURANCE VERIFICATION

Medical Authorization/Emergency Medical Release

Full Name _____ BuckID Number (9 digit number): _____

Club: _____ Semester/Year: _____

School Address: _____

Home Address: _____

Cell Phone: _____ Email Address: _____

Informed Consent, Release and Indemnity

I, _____, desire to participate voluntarily in the sport clubs program of The Ohio State University. I acknowledge that sport clubs provide structured competitive opportunities for men and women with varied interests and skill levels and that the intent of the program is to provide wholesome and positive experiences for all who participate. With my signature below, I signify my acceptance of rules and policies of the sport clubs program and the decisions of the Department of Recreational Sports.

I understand that every attempt is made to minimize the existing risks (that are inherent in the nature of some of the activities) through the use of proper sports equipment, safe facilities, and sound safety practices. However, I understand that these risks cannot be eliminated completely.

I realize that as a sport club participant I could possibly incur injuries no matter how well conditioned I may be. Due to the nature of sports, injuries may be minor to fatal in nature. Some specific injuries that are not uncommon to sports are: a stoppage of breathing; spine and neck injuries (either of which could result in paralysis); heart failure; broken bones; heat stroke; heat cramp; heat exhaustion; stroke; bleeding; convulsion; unconsciousness; abrasions; fainting; sudden illness; cramps; and loss of wind. In addition, there is a potential for accidents or illness while traveling to and from events.

The propensity for major injuries, such as broken bones, concussion, and internal injuries to major organs, increases in relation to the force of impact upon a collision between two moving players. I understand that if I am participating in a collision sport, speed collisions will occur regularly as an integral part of the sport.

These lists above are not intended to be inclusive of all injuries that may occur, but rather to inform me of the type of risks inherent in my participation in the sport clubs program, so that I can make a voluntary choice to participate or not participate.

I also realize that the activity involved may be strenuous, and that the university had advised me to seek the advice of my physician before participating in this activity.

I hereby affirm that in consideration of the university's providing support for this program and allowing me to participate, I am voluntarily participating in any or all of the activities of the sport clubs program with full knowledge of the potential danger which they present, including bodily injury, property damage, and death, and I hereby agree to accept any and all risks of such bodily injury, property damage, and death.

I agree to release and hold harmless The Ohio State University and its agents, volunteers, officers, employees and Board of Trustees from liability for bodily injury, property damage or death arising from my participation in activities of the sport clubs program. I give this release and indemnification in exchange for the opportunity for me to participate in the sport clubs program.

Insurance Verification

The Department of Recreational Sports strongly recommend that each club members have an annual physical examination and personal medical and accident insurance as well as protective eye wear and mouth guards as appropriate.

To participate in the sport clubs program, each individual must provide evidence of insurance coverage (health, accident, or hospitalization) which is applicable for injuries sustained in the sport club(s) listed above.

I have insurance and my insurer is:

Insurance Company's Name: _____

Insurance Policy Number/Certificate Number: _____

Medical Authorization/Emergency Medical Release

I, the undersigned, do hereby authorize The Ohio State University and its designated representatives to consent, on my behalf, to any medical/hospital care or treatment to be rendered upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

The effective dates of this authorization are _____ to _____

I am *18 years of age or older, have read the above authorization, and confirm that the information contained therein is true and accurate.

Name: _____ Birthdate: _____

Signature _____ Date: _____

(Signature of Parent or Legal Guardian) _____ Date: _____

*Please note that if you are 18 years or younger, you must have your parent or legal guardian sign this form.

NOTIFY IN CASE OF EMERGENCY

Name: _____

Relationship to you: _____

Address: _____

A.M. phone: _____ P.M. phone: _____