

Activity Participation & Medical Release Form



Full Name: _____ Social Security Number: _____ Birthdate: _____

Name of Activity/Program: _____ Date(s) of Activity: _____ **Location:** Pacific Lutheran University

In consideration of my application to participate in a voluntary activity/program at Pacific Lutheran University (PLU), I agree to the information below.

I understand that participating in a voluntary activity/program at PLU involves risk. These risks are identified in the following categories:

Learning Environment: I understand that participating in a learning environment involves some risk. I will be moving from location to location on campus and/or in other locations, and learning within facilities at PLU and/or elsewhere. This involves risks and the potential of injury. These risks vary depending on innumerable factors. Injury can occur as a result of equipment failure, weather, acts of other participants or third parties, lack of or improper supervision, or disease. Every type of injury could occur. This may include broken bones, chemical exposure, back or brain damage, death or dismemberment.

Active Participation: I understand that part of my experience at PLU may include active participation, athletic or aerobic activity. Participation in these activities requires rigorous exercise under conditions which are sometimes dangerous. Injuries to the participant can occur in many foreseeable and unforeseeable ways. Injuries can occur as a result of: equipment failure, poor surface and/or field conditions, lack of proper supervision and the negligence of other participants (including but not limited to teammates, opponents, spectators, or officiating personnel). They can occur during periods of free time, strength development exercises, during practices or at athletic events themselves. Injuries can occur even if you, your teammates and opponents are physically fit and participating according to the rules of your chosen sport. They can also occur because you, your teammate or opponent is not physically fit or does not abide by the rules. Every type of injury could occur. This may include broken bones, ligament tears, back or brain damage, death or dismemberment.

Travel & Accommodations: I understand that part of my experience at PLU may include travel to or from event locations, overnight or daytime accommodations. These activities involve risk and the potential of injury. This can occur due to equipment failure, vehicle failure, accidents, facility malfunctions, negligent operation and/or supervision by an agent of PLU or a third party, or acts of others (including camp participants or non-participants). Every type of injury could occur. This may include broken bones, back or brain damage, death or dismemberment.

I wish to participate in the above activity scheduled at Pacific Lutheran University. I am fully aware of the special dangers and risks inherent in participating in the activity, including physical injury, death, or other consequences arising or resulting from the activity. I agree to accept full responsibility for such risks. I agree to accept responsibility for all implied risks and possible acts of negligence by other persons and/or agents of PLU. I further agree to advise activity planners of any physical or mental limitations I may have. I agree to be fully responsible for my own property and equipment related to this activity.

In consideration of my voluntary application and as a requirement to participate in this activity, I hereby release and indemnify Pacific Lutheran University and their staff of any and all liability, claims and causes of actions arising out of or in any way connected with my participation in this activity offered at Pacific Lutheran University.

I also agree to allow any medical personnel the opportunity to treat a illness, injury, or any other medical condition. I agree to accept full responsibility for any medical costs which may result from my participation and for any treatment for any injury sustained while taking part in the program.

I have read this release and indemnification agreement and understand its meaning. This release is intended to bind by heirs, representatives, successors, assigns and administrators.

_____/_____/_____
Signature of Participant* Date Printed Name

_____/_____/_____
Signature of Parent/Legal Guardian Date Printed Name

**Parent or legal guardian must also sign for participants under 18 years of age.*

Being fully informed as to these risks, I hereby consent to the minor participating in the activity.

Address City State Zip

Mailing Address (if different) City State Zip

Phone Alternate Phone email address

Medical Information

Participant Name: _____ Social Security #: _____

Program/Activity Name: _____ Date(s): _____

In case of Emergency, please notify:

_____	_____
(person 1 name)	(person 2 name)
_____ / _____	_____ / _____
(person 1 phone/alt phone)	(person 2 phone/alt phone)
_____	_____
(person 1 relationship)	(person 2 relationship)

Medical Information:

In the event a serious medical emergency occurs, care will be provided at a local medical facility. Please provide us with the following information as well as any additional information which would be appropriate for medical professionals to know in the event of an emergency.

Health Insurance Company: _____

Policy Number: _____ Group Plan: _____

Current Medications: _____

Known Allergies (drug, food, other) _____

Known Conditions (asthma, other) _____

Special Assistance Required
Or Any other Important Information _____

In the event of an emergency, I authorize the above program/activity staff and/or Pacific Lutheran University and/or Central Pierce Fire & Rescue to arrange for emergency transportation and/or emergency medical care.

_____/_____/_____
(Signature of Participant)* (date) (Printed Name)

_____/_____/_____
(Signature of Parent/Legal Guardian) (date) (Printed Name)

*Parent or legal guardian must also sign for participants under 18 years of age.