



Activity Participation and Medical Release Form

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

- 1. I understand that part of my experience at PLU may include athletic 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 (by PLU or others) 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.
2. By its nature, participation in the activity includes a risk of injury, which may range in severity from minor to those with long-term catastrophic effects. Participants can and have the responsibility to help reduce the chance of injury. I will obey all safety rules, reports all physical problems to coaches, follows proper conditioning programs, and inspects equipment daily. I further acknowledge concussions pose a particular risk. I will ensure that (1) I will report immediately to the University's coach or supervisor if I receive a blow to the head or body and experiences signs or symptoms of a concussion or brain injury; (2) I will report any delayed signs or symptoms to the University's coach or supervisor; (3) I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion-like symptoms until I am cleared by a member of the University's staff.
3. 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.
4. I wish to participate in the above activity scheduled at PLU. I am fully aware of the 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.
5. As a condition of my participation, I hereby grant PLU the right to use, for promotional purposes only, any photographs of me taken by PLU, its employees or agents, during my participation in the activity/program. I further understand and agree that PLU may use (for marketing purposes) any statement or quotes attributed to me in my evaluation of the activity/program.
6. If the activity/program includes use of PLU's computers, I agree to abide by the PLU Computer Use Agreement.
7. In consideration of my voluntary application and as a requirement to participate in this activity, I and my parent/legal guardian identified below, hereby releases and agrees to 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 PLU.
8. I also agree to allow any medical personnel the opportunity to treat an 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.
9. 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 Date of Birth (MM/DD/YY)

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 and agree to indemnify PLU as set forth in paragraph 7 above.

Signature of Parent Date
Parent Name: Print
Address: Street City State Zip Code
Phone: Alt. Phone: Email

MEDICAL INFORMATION

Participant Name: _____

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

In case of emergency, please notify:

Person 1: Name: _____ Person 2: Name: _____

Phone: _____ Phone: _____

Relationship: _____ 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 Co. _____

Policy Number: _____

Group Plan Number: _____

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: _____

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

Signature of Parent/Legal Guardian

Date

Printed Name: _____

MEDICAL INFORMATION