

AFFIRMATION AND LIABILITY RELEASE – READ CAREFULLY BEFORE SIGNING

I, \_\_\_\_\_, hereby affirm that I have been well advised and thoroughly informed of the inherent danger of \_\_\_\_\_. By signing this Release, I acknowledge that I am cognizant of the basic risk and danger of this activity and that it is my intention to voluntarily assume such risk and danger.

In consideration of participating in this activity, I hereby release the Board of Directors of Wittenberg college, operating Wittenberg University, Springfield, Ohio, and its agents and employees, from any liability arising from and occurrence in connection with this activity which results in injury, death or other damage to me or my family, heirs or assigns. I also hereby personally assume all risks in connection with this activity, for any harm, injury, or damage which may befall me while I am enrolled as student and participation in the activity, including all risks connected herewith, whether foreseen or unforeseen. Further, I agree to save and hold harmless the Board of Directors of Wittenberg College, operating Wittenberg university, and its agents and employees from any claim by me or by my family, estate, heirs or assigns, which arises out of my enrollment and participation in this activity.

In addition, I understand that the \_\_\_\_\_ will provide its own training, conditioning program, medical care, officiating and equipment and the University shall have no responsibility to the \_\_\_\_\_ or any of its members with respect to these matters.

I am eighteen years of age or older and legally competent to sign this Affirmation and Release, or in the event that I have not attained the age of eighteen years, I have acquired the written consent of my parents or legal guardians. I understand that the terms stated in this Release are contractual and are not merely recitals, I have signed this document of my own free act.

I HAVE FULLY INFORMED MYSELF CONCERNING THE RISKS AND DANGERS INHERENT IN THE FOREGOING ACTIVITY AND WITH THE CONTENTS OF THIS AFFIRMATION AND RELEASE BEFORE SIGNING IT.

Activity: \_\_\_\_\_ Date: \_\_\_\_\_

Academic term: \_\_\_\_\_ Academic Year: \_\_\_\_\_

Student's name: \_\_\_\_\_ Age: \_\_\_\_\_

Student's Home Address: \_\_\_\_\_

Signature of Student: \_\_\_\_\_

Health/Insurance Coverage: \_\_\_\_\_

Wittenberg Student Insurance: \_\_\_\_\_

Private Company Policy Numbers: \_\_\_\_\_

I have read Section 5 of the Club Sport policy expectations and hereby strictly adhere to these regulations.

WITTENBERG UNIVERSITY DEPARTMENT OF INTRAMURALS & RECREATION  
CLUB SPORTS DIVISION

**EMERGENCY CONTACT INFORMATION**

FALL \_\_\_ SPRING \_\_\_ YEAR \_\_\_

CLUB SPORT \_\_\_\_\_

NAME OF PARTICIPANT \_\_\_\_\_ CAMPUS BOX \_\_\_\_\_

CAMPUS ADDRESS \_\_\_\_\_ CAMPUS PHONE \_\_\_\_\_

AGE \_\_\_ BIRTHDATE \_\_\_\_\_

**EMERGENCY CONTACTS**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

I AM PRESENTLY TAKING THE FOLLOWING MEDICATIONS \_\_\_\_\_

\_\_\_\_\_

I AM PRESENTLY ALLERGIC TO THE FOLLOWING MEDICATIONS \_\_\_\_\_

\_\_\_\_\_

DO YOU WEAR CONTACTS OR GLASSES \_\_\_\_\_

ANY SPECIFIC MEDICAL PROBLEMS \_\_\_\_\_

\_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_