



## Minor Participant Assumption of Risk and Release Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone/Email: \_\_\_\_\_ Gender: M F DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Emergency Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_ Physician's Name/Telephone: \_\_\_\_\_

### Please read and initial each section in spaces provided.

The facilities and equipment utilized by the OBU Recreation and Wellness Center have been designed and instituted to provide the optimal level of exercise, recreation, and enjoyment without compromising the health and safety of participants in the facility. In conjunction with any activity, I understand certain dangers may exist, including, but not limited to, muscle and joint injury, strains, sprains, bruises, hernia, and any other injury that may arise from this type of activity. \_\_\_\_\_

In regards to my child's participation in the OBU Recreation and Wellness Center, and/or workouts and the services arranged for my child by the staff of the OBU Recreation and Wellness Center, I have and do hereby assume all the above mentioned risks and any other risks arising from my child's participation in all activities in the Recreation and Wellness Center. I will hold Oklahoma Baptist University, its employees, agents and assigns harmless from any and all liability, actions, causes of action, debts, claims, demands of every kind and nature whatsoever, which may arise out of or in connection with my child's participation in any of the activities arranged for my child by OBU Recreation and Wellness Center. The terms hereof shall serve as a release and assumption of risk for my child. \_\_\_\_\_

I certify that I have adequate insurance to cover any injury or damage that my child may cause or suffer while participating in all programs and activities in the OBU Recreation and Wellness Center, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition my child may have. \_\_\_\_\_

I, the undersigned, have read this Assumption of Risk and Release Form and understand its terms. I execute it as consideration for the right for my child to participate in the activities of the OBU Recreation and Wellness Center with full knowledge that by this document I have waived legal rights that I might otherwise be entitled to enforce. \_\_\_\_\_

**I have read, understood and completed this form. Any questions I had were answered to my full satisfaction.**

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

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By signing this document, I understand that my child, \_\_\_\_\_, is subject to OBU Recreation and Wellness Center policies and procedures, and that my child will abide by any directions provided by staff members.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_