



Oklahoma Baptist University  
Recreation and Wellness Center and Noble Complex  
Assumption of Risk and Release Form  
(PLEASE PRINT)

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

Gender: M F

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Emergency Contact:**

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

Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

The facilities and equipment utilized by the OBU 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 participation in activity at OBU Recreation and Wellness Center or Noble Complex, I have and do hereby assume all the above mentioned risks and any other risks arising from my participation in all activities. 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 participation in any of the activities arranged for me by OBU. The terms hereof shall serve as a release and assumption of risk for me and my heirs, executors, administrators, and for all members of my family. \_\_\_\_\_

I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating in all programs and activities at OBU, 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 I 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 to participate in the 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. I understand that I am subject to OBU policies and procedures, and that I will abide by any directions provided by staff members.**

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_