OKLAHOMA BAPTIST UNIVERSITY

Club Sports Participation Form

Student information and emergency contacts

CLUB SPORTS

Student information

Student name

OBU student ID

Club sport

Classification

Major

Select one

○ Male ○ Female

Email

Birthdate (MM/DD/YYYY)

Age

Cell phone

Home address

City

State

ZIP code

OBU dorm / address

OBU box number

RD (Resident Director)

RA (Resident Assistant)

Emergency contacts

Primary contact

Name

Relationship

Work phone

Cell phone

Home address

City

State

ZIP code

Secondary contact

Name

Relationship

Work phone

Cell phone

Home address

City

State

ZIP code

Roommate / OBU contact

Name

Relationship

Cell phone

OBU dorm / address

OKLAHOMA BAPTIST UNIVERSITY

Club Sports Participation Form

Medical information, risk acknowledgment and consent to participate

CLUB SPORTS

Medical information and insurance

Club sports at Oklahoma Baptist University are sponsored and supported through the Office of Club Sports and are offered to provide students with the opportunity to compete on intercollegiate athletic teams that may not be available through varsity athletic programs.

I understand that the University requires me to disclose any health condition I have, including pre-existing injuries, which may affect my ability to safely participate in this club sports program. I have disclosed the following.

Health insurance carrier | **Policy / ID number** | **Group number** | **Insurance phone**

Medical history (list all health problems, including emotional and physical limitations or concerns)

Current medications

I have discussed the above listed health condition(s) and associated risks with the coach and the Club Sport Advisor.

By signing below, I confirm I am in good and sufficient health to participate in the club sport program. I accept all the before-mentioned risks associated with my participation in this Club Sport.

I understand that **MEDICAL INSURANCE IS REQUIRED** for my participation in this Club Sport and ***that Oklahoma Baptist University DOES NOT provide this insurance coverage.*** My signature below certifies that I have appropriate insurance coverage for this participation.

A parent or guardian must sign if the participant is under 18.

Participant signature | **Date** | **Parent or guardian signature** | **Date**

Risk acknowledgment and consent to participate

By my signature below, **I hereby recognize and acknowledge that the Office of Club Sports at the Oklahoma Baptist University does not provide health, medical, accident, liability coverage or travel insurance and I confirm that my personal health/medical plan covers sport club activities.**

I exercise my own free choice to participate in the above designated Collegiate Club Sport. I understand and assume all associated risks. **I further recognize that I agree to assume all risk of personal injury or loss, bodily injury (including death), damage to or loss or destructions of any personal property occurring in connection with or arising out of participation which is inherent to the Collegiate Club Sport that I hereby voluntarily assume.** Therefore, in consideration of my acceptance as a participant in such Collegiate Club Sport I hereby release and discharge, indemnify and hold harmless the Regents of the Oklahoma Baptist University and their member officers, agents, employees and any other persons or entities acting on their behalf, and the successors and assigns for any and all of the aforementioned persons and entities, against all claims, demands, costs and expenses, and causes of action whatsoever, either in law or equity, arising out of or in any way connected with any loss and/or bodily injury and/or disability, arising from my participation in the Collegiate Club Sport during practice, competition or travel.

When choosing to drive or ride in a non-University vehicle, I am aware that automobile liability and the corresponding insurance is the responsibility of the vehicle owner. I understand that the University's insurance does not respond to non-University liability.

In the event of an emergency, I grant Oklahoma Baptist University permission to authorize emergency medical treatment for the duration of participation in the Collegiate Club Sport program.

I have had sufficient time to review and seek explanation of the provisions contained above, have carefully read them, understand them fully, and agree to be bound by them. After careful deliberation, I voluntarily give my consent and agree to this Release, Assumption of Risk and Waiver.

Participant signature | **Date**

Printed parent or guardian name (if under 18) | **Parent or guardian signature (if under 18)** | **Date**

Club Sports Participation Form

Waiver of liability and hold harmless agreement

CLUB SPORTS

Waiver of Liability and Hold Harmless Agreement

1. Release, waiver and covenant not to sue

In consideration for receiving permission to participate in the Oklahoma Baptist University Club Sports Program, I hereby **RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE** Oklahoma Baptist University, the Board of Trustees of Oklahoma Baptist University, their officers, agents, or employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while participating in such activity, while in, on or upon the premises where the activities are being conducted, or while traveling to and from said activity, **REGARDLESS OF WHETHER SUCH LOSS IS CAUSED BY THE NEGLIGENCE OF THE RELEASEES**, or otherwise and regardless of whether such liability arises in tort, contract, strict liability, or otherwise, to the fullest extent allowed by law.

2. Voluntary participation and assumption of risk

I am fully aware of the risks and hazards connected with the activities of the Oklahoma Baptist University Club Sports Program and I am aware that such activities include the risk of injury and even death, and I hereby elect to voluntarily participate in said activities, knowing that the activities may be hazardous to my property and me. I understand that Oklahoma Baptist University does not require me to participate in this activity. I voluntarily assume full responsibility for any risks of loss, property damage, or personal injury, including death, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in or traveling to and from such activities, **WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES** or otherwise, to the fullest extent allowed by law.

3. Indemnity and hold harmless

I further hereby **AGREE TO INDEMNIFY AND HOLD HARMLESS** the RELEASEES from any loss, liability, damage, or costs, including court costs and attorneys' fees that RELEASEES may incur due to my participation in or travel to and from said activities, **WHETHER CAUSED BY NEGLIGENCE OF RELEASEES** or otherwise, to the fullest extent allowed by law.

4. Binding effect, Oklahoma law and severability

It is my express intent that this Waiver and Hold Harmless Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a **RELEASE, WAIVER, DISCHARGE, AND COVENANT NOT TO SUE** the above-named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Oklahoma and that any mediation, suit, or other proceeding must be filed or entered into only in Oklahoma and the federal or state courts of Oklahoma. Any portion of this document deemed unlawful or unenforceable is severable and shall be stricken without any effect on the enforceability of the remaining provisions.

Acknowledgment and signatures

IN ACCEPTING THIS AGREEMENT, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and accept it voluntarily as my own free act and deed. No oral representations, statements, or inducements apart from this written agreement have been made. I execute this Agreement for full, adequate and complete consideration, fully intending to be bound by it.

The adult signer (the participant if 18 or older, or the parent or guardian if the participant is under 18) represents that they are at least eighteen (18) years of age and fully competent.

Participant printed name	Participant signature	Date

Parent or guardian printed name (if under 18)	Parent or guardian signature (if under 18)	Date