

Risk Acknowledgement Consent to Participate

Oklahoma Baptist University

Club Sport _____



CLUB SPORTS

Student Name _____ ID # _____

Classification _____ Major _____ Circle One: MALE FEMALE

Email _____ Birthdate ____/____/____ Age _____

Home Address _____

City _____ State _____ Zip _____

Cell Phone (____) ____-_____

OBU Box Number _____

OBU Dorm/Address _____

RD _____ RA _____

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.

Print Name _____ Signature _____ Date _____

Print Parent Name _____ Parent Signature _____ Date _____
(if under 18)

****Please complete other side of form****

Medical Information

Oklahoma Baptist University



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Club Sport _____

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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 foll _____

Health Insurance Carrier _____ Policy/ID Number _____
Group Number _____ Insurance Phone _____

Medical History: (Please 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, _____ (print participant's name), 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.

Participant's Signature* Date

*If participant is below the age of 18, this form must be signed by a parent or guardian.

Signature of Parent or Guardian Date