

Oregon State University/University Housing and Dining Services
Risk Awareness, Medical Information and Liability Release Form for the following activity:

Hall/Co-op: RHA Event Title: Dodgeball Tournament Date: 2-10-2012

Before signing this release and risk awareness form, carefully read the statements below. Do not sign until you fully understand the statements and the risks of participating in this event. If you have any questions, please ask the event sponsor or Residential Life staff before signing.

Health:

I affirm that my health is good, and that I am not under a physician's care for any undisclosed condition that might endanger my own health or the health of other participants.

Motor Vehicles:

If I drive or provide my own motor vehicle for transportation, I understand that I will be expected to accept full responsibility and liability for myself and my passengers and that I have automobile liability insurance in accordance with Oregon Insurance Requirements or the state in which my vehicle is licensed. I understand that I am not covered by insurance through The State of Oregon, acting by and through the State Board of Higher Education on behalf of Oregon State University, its trustees, officers, agents, or employees (hereafter referred to as UNIVERSITY). If I am a passenger in a privately owned vehicle, I am aware that UNIVERSITY insurance does not cover any damage or injury suffered in the course of traveling in same.

Risk:

I, the undersigned am participating in the program specified above, that has been organized by **The Residence Hall Association** in conjunction with **University Housing and Dining Services**. I understand that participation in activities like this may involve some risk and danger. These risks may include, but are not limited to: physical injury or death or financial loss from participation in the event or events; vehicle accidents, and forces of nature. In consideration of being able to participate in the program, I fully and voluntarily accept these risks. I therefore release, discharge, and hold harmless, UNIVERSITY from any and all liability for injury to me from my participation in this activity.

I am aware that the UNIVERSITY does not provide medical insurance coverage and therefore take full responsibility for my personal health insurance.

I am aware that I am solely responsible for my own equipment, supplies and personal property during the course of this program.

I am aware that I am participating in this activity with other individuals. I am responsible for my behavior and will conduct myself in a manner that is considerate of other participants and in accordance with University Rules and Regulations (including Student Code of Conduct) and with any state and city laws or ordinances where the activity is occurring. I understand that I am expected to follow the directions from guides, leaders, drivers or other person of authority while engaged in the activity, which includes travel to and from the event.

Please initial one:

___ I represent that I am physically and emotionally able to participate in this event, and I understand that no one connected with OSU/UHDS/Residential Life will undertake the responsibility to determine my ability to participate.

___ I have a condition that may limit my ability to fully participate in these activities. I request the following accommodations or restrictions: _____

Also, I give Oregon State University and/or the University staff permission, in the case of an accident or injury, to arrange transportation to a medical facility and receive treatment by duly trained medical staff.

By signing below, I am affirming that I have read and fully understand this release form. I have had the opportunity to ask questions prior to participation and have received answers to those questions that inform me of my risk, as well as opportunities to withdraw from the activity.

Name (Please Print) _____ Date ____ / ____ /2011

Signature _____ Date ____ / ____ /2011

Parent's or Legal Guardian's Signature _____
(Required if Participant is under age 18)

Emergency Medical Information (this information is required if the event is off-campus):

I am aware that the UNIVERSITY does not provide medical insurance coverage and therefore take full responsibility for my personal health insurance.

Contact Name: _____ Relationship: _____

Phone Number(s): _____

Health Insurance Company: _____ Policy #: _____

Personal Auto Insurance Company: _____ Policy #: _____

Will you be taking medication of any type during this activity? If yes, please specify:

Does this medication have warnings surrounding the control and use of vehicles or equipment? If yes, please specify and refrain from those activities involving your control and use of vehicles or equipment

Do you have any other physical limitations or medical conditions that should be brought to the attention of anyone dispensing medical treatment?