



Oregon State University Assumption of Risk and Liability Waiver

I, the undersigned have registered for the Department of Recreational Sports **Badminton Training for 2006 - 2007 Academic Year**, offered by the Oregon State University Department of Recreational Sports. I understand that participation in this event involves a certain degree of risk and danger. I fully and voluntarily accept these risks. I hold Oregon State University, the Department of Recreational Sports, and all of their officers, agents, and employees harmless for any liability associated with my actions or the actions of a third party in the event that I suffer either injury, death or property damage while participating in the event. The undersigned further states that he or she does not possess any health problems or physical limitations that he/she or his/her doctor feels would restrict their active participation or the safety of others in this event. I also agree to abide by any decisions of an appointed medical official relative to my ability to safely continue or compete in the event. I further assume and will pay my own medical and emergency expenses in the event of accident, illness, or other incapacity regardless of whether I have authorized such expenses. **I have read this waiver carefully, understand it and submit to the terms and conditions of the waiver, as indicated by my signature below.**

Name (Printed) _____

Age _____

Signature _____

Date _____

If under age 18, parent or guardian signature required: _____