



# Activity Release Form



## Described Activity: Volley Masters Volleyball Club

Any individual who participates in an athletic activity on the Marion campus during the 2009-10 year is required to complete in its entirety the following agreement (front & back).

All individuals are required to submit this waiver before they can begin participating with their respective group/team. Each participant must sign and date this form. Parental / Legal Guardian signature is required if the participant is under the age of 18 years. This form is valid only during the 2009-10 year. This form will be kept on file by the Marion campus athletic director.

### Waiver of Liability and Hold Harmless Agreement

I, (print your name here ►) \_\_\_\_\_ desire to participate in an **Athletic Activity** on the grounds/facility of the Marion campus. In consideration for being allowed to participate in an athletic activity on the Marion campus of The Ohio State University at Marion & Marion Technical College, I hereby agree to the following terms and conditions:

I hereby voluntarily assume all risks associated with my engagement in all activities related to my involvement in this activity. I am aware that participating in any activity can be dangerous, involving many risks or injury. I understand that the dangers and risks of playing or practicing in the above sport include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis or brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular-skeletal system and serious injury or impairment to other aspects of my body, general health and well-being. It is also understood that the dangers and risks of playing or practicing my sport may result not only in serious injury, but also in serious impairment of my future abilities to earn a living and to engage in social and recreational activities.

I agree to participate in a safe manner and follow the instructions of the athletic department staff. I understand the importance of rules and procedures as well as the necessity of using proper techniques.

I hereby voluntarily accept and fully assume all responsibility for my own safety and welfare while participating in this activity while understanding such risks, dangers, hazards and the possibility of personal injury, death, property damage or loss, resulting therefrom.

I hereby release and hold harmless the Marion campus, the administrators, athletic department staff, of any and all responsibility and liability for any injury or claim resulting from such athletic participation, and agree to take no legal action against the Marion campus, its employees, because of any accident or mishap involving my athletic participation.

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

Parent / Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_



# Emergency Contact Form

(Used only in case of emergency)

Complete all information, if applicable. This information will be kept confidential and only used in case of an emergency. Please inform us of special health conditions and/or any known allergies.

Participant's Name

Last

First

Middle

Birth Date

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Sex

\_\_\_\_\_

School Attending

\_\_\_\_\_

Participant's Address

Street

City

State

Zip

Participant's Phone #

\_\_\_\_\_

---

## First person to notify in case of an Emergency:

First Contact Person:

\_\_\_\_\_

Relationship:

\_\_\_\_\_

Address

Street

City

State

Home Phone

( \_\_\_\_ )

\_\_\_\_\_

Business Phone

( \_\_\_\_ )

\_\_\_\_\_

Cell Phone

( \_\_\_\_ )

\_\_\_\_\_

---

## Second person to notify in case of an Emergency:

Second Contact Person:

\_\_\_\_\_

Relationship:

\_\_\_\_\_

Address

Street

City

State

Home Phone

( \_\_\_\_ )

\_\_\_\_\_

Business Phone

( \_\_\_\_ )

\_\_\_\_\_

Cell Phone

( \_\_\_\_ )

\_\_\_\_\_

---

## Medical Conditions or Impairments:

Special health conditions or allergies we need to be aware of:
