

Registration Form

For Parents or Guardians of Participants Under 18 Years of Age

ASSUMPTION OF RISK

I understand that there are risks in participating in recreational activities and educational workshops in UNIVERSITY RECREATION facilities, services and programs at Washington State University (WSU).

In consideration for and as a condition of being allowed to participate in this voluntary activity, I agree to take full responsibility for any and all risks that exist, including the risk of death or injury to my child or loss or damage to my property. I understand that there may be risks that WSU cannot predict or foresee, and I also assume full responsibility for those risks.

Risks in participating in University Recreation programs, services or facilities (including participating in supervised or unsupervised activities in or connected with the Student Recreation Center, WSU playfields, Smith Gym, Gibb Pool, Physical Education Building, Hollingbery Fieldhouse, Chinook Student Center, and Down Under Recreation Center), include, but are not limited to: risk of injuries including but not limited to temporary or permanent muscle soreness, sprains, strains, cuts, abrasions, bruises, ligament and/or cartilage damage, bone fractures and/or breaks, head, neck or spinal injuries, loss of use of arms and/or legs, eye damage, burns, emotional trauma, drowning, disfigurement, or death. I also recognize that there are both foreseeable and unforeseeable risks of injury or death that may occur as a result of traveling to or from University Recreation activities and facilities that cannot be specifically listed. Further, I recognize that the actions of other participants in the activity may cause harm or loss to my child or property.

RELEASE OF LIABILITY

I release, the state of Washington, the Regents of WSU, WSU, any subdivision or unit of WSU, its officers, employees, and agents, from any and all liability, claims, costs, expenses, injuries and/or losses to person or property, which I may sustain and/or sustain as a result of death or injury of my child, as a result of or connected with participation in the above event. My child's participation includes, but is not limited to, travel to and from the event in a private or public vehicle, any activity connected with the event itself, use of state equipment or facilities for the event whether on or off WSU property, or the administration of emergency first aid and/or medical aid. I have carefully read this document, understand its contents and am fully informed about this program and circumstances. I am aware that this document is a contract with WSU and the program sponsors. I sign it freely and voluntarily.

DATED THIS ____ DAY of _____, 20__.

Name of Minor (Printed): _____ Minor Date of Birth _____

Name of Parent or Guardian (Printed) Signature

Witness's Name (Printed) Witness's Signature

NOTE: We strongly encourage you to consult with a physician before participating in any physical activity to determine any potential conditions that may adversely affect your participation. We encourage those with pre-existing conditions to wear a medical alert bracelet or neck tag indicating the appropriate medical information. We strongly recommend that all participants have a medical insurance policy that will cover injuries or illness that may occur due to participation in or use of University Recreation programs, services, facilities and equipment. If you have any questions regarding the language or details of this document prior to signing, please contact Jeff Elbracht or Joanne Greene at 509-335-8732, SRC Room 250, WSU.

Parent Email: _____

Parent Phone: _____ WSU ID (if applicable): _____

Office Use Only	Date:	Order #:	Initials:
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