

Statement Of Informed Risks

Intramural / Recreational Activities Waiver

Student _____	Birth date _____	Age _____	
Parent/Guardian Name _____		Home Phone (____) _____	
Home Address _____			
Street	City	State	Zip
<p>I wish to participate in the Muhlenberg College intramural/recreational activities program. I hereby acknowledge that I am participating in these activities with the full realization that they may involve a significant risk of bodily injury . I understand that the injury may range in the severity from minor to long term catastrophic up to and including death, or damage to property of myself and others. I am aware that it is not possible to delineate specifically each and every individual injury risk however knowing the material risk and appreciating and reasonably anticipating that injuries and even death are a possibility. I hereby expressly assume all of the risks which could occur as a result of my participation.</p> <p>I agree that in exchange for and in consideration of the College's permitting me to participate in this program and all activities related to it including, but not limited to travel, I hereby assume all the risks associated with the program and agree to release and hold harmless Muhlenberg College, its officers, agents, coaches and employees from any and all liability , actions, causes of actions, negligence, debts, claims or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to the program.</p> <p>Additionally, I understand that any previous injury or condition I have may predispose me to an increased risk of re-injury or increased risk of other injuries or conditions. Furthermore, I understand that in the event of any new injury, there may be short term and/or long term health related risks involved with continued participation in this program even after proper treatment or rehabilitation.</p> <p>I certify that Health Insurance and/or additional coverage by a medical insurance company has been secured.</p>			
Name of Policy Holder _____			
Name of Company _____			
Policy# _____ Group# _____ ID# _____			
Insurance Company Mailing Address _____			
Insurance Company Telephone (____) _____			

The undersigned, herewith,

Recognizes and acknowledges that neither Muhlenberg College nor any of its departments and/or divisions carries special health and/or hospital insurance other than such medical and hospital services as are normally provided for students by the Student Health Center, that would provide such special insurance coverage for me in the event I should sustain an accidental injury while participating in intramural/recreational activities.

Agrees if the undersigned is married and/or a minor, the signature of spouse, parent or guardian appearing in the space indicated below signifies acceptance of said spouse, parent or guardian that the terms and conditions hereof shall be binding upon them and shall constitute a release by them of any and all claims, demands and causes of action whatsoever which they or any of them might have against Muhlenberg College, its successors, assigns, trustees, officers, agents and employees as a result of the undersigned's participation in intramural/recreational activities.

Date _____ Signed _____

Date _____ Signature of Parent/Guardian (if under 18 years of age) _____

Date _____ Witness _____