

WHITMAN COLLEGE
Intramural and Club Sports
Health Statement and Liability Waiver

Intramural and club sport participation involves activities which are, by their nature, physically demanding. Therefore, all participants must be free of medical or physical conditions, which might create undue risk to themselves or others who depend upon them. If there is any doubt whatsoever about your ability to safely participate in this activity, you should have a physical examination by a physician. We may also require a physician's consent as a precondition for participation depending on the information provided.

Please list any physical disabilities, conditions, past injuries or any other physical limitations that you have which could limit your participation in any way: _____

Please list any allergies or medical alert information: _____

Person to contact in case of emergency (include name and phone number): _____

The undersigned herewith formally acknowledges and declares the following:

I understand that participation in Intramural and/or Club Sports at Whitman College may result in injury/illness, permanent physical or mental impairment or even death. These injuries may be minor or may be career or life threatening. I understand that Whitman College cannot be held responsible for any injuries or conditions that may be caused by the actions of other athletes or teams. I understand and agree that situations may arise during these activities, which may be beyond the control of coaches or other participants. I release, forever discharge and agree not to sue Whitman College, Board of Trustees, administrators, employees, or other participants. I hereby waive all such claims, which I have now or may hereafter have against the above name organizations or persons, however caused. ____ (initial)

I agree that it is my sole responsibility to be familiar with the physical and/or mental demands associated with the above named activities. With these demands in mind, I have no physical or medical condition which, to my knowledge, would endanger myself or others if I participate in this event, or would interfere with my ability to participate. I also agree to abide by any established rules or regulations while participating. ____ (initial)

I understand that there are certain inherent risks involved in participating in intercollegiate athletics. I acknowledge the fact that these risks exist and I am willing to assume responsibility for any and all such risks while participating in Intramural and/or Club Sports at Whitman College. I also agree to the following:

1. Voluntarily assume all risks associated with my participation in these activities. ____ (initial)
2. I accept that Whitman College and its personnel are not to be held responsible for any pre-existing medical condition(s) that I may have. ____ (initial)
3. I understand that I must wear the proper equipment as dictated by the rules of the sport. I may also have to wear padding or braces as indicated by medical personnel. Failure to do so may put me at risk for further injury. ____ (initial)

I HAVE READ, UNDERSTAND AND VOLUNTARILY AGREED TO THE ABOVE STATEMENTS

Printed Name _____

Signature _____

Sport(s) _____

Date(s) _____

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

Date _____

Club Sports Addendum

As a member of a club sport team at Whitman College, I understand:

1. the Washington State Laws regarding the use of alcoholic beverages
2. that no alcoholic beverages are to be transported or consumed in College vehicles
3. the need to pass the Whitman Van Driver Certification course prior to operating a college vehicle or other rented 15-passenger van

I HAVE READ, UNDERSTAND AND VOLUNTARILY AGREED TO THE ABOVE STATEMENTS

Printed Name _____

Signature _____

Sport(s) _____

Date(s) _____

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

Date _____

I have accepted the risk of participation in all activities related to my Club Sport participation and acknowledge that I:

() am covered by the Whitman College Accident and Sickness Medical Expense Plan

OR

() am covered by an independent accident/illness health insurance policy