



Emergency Information & Consent

Athlete's Name: _____

Address: _____

Phone: _____

Father's Name: _____

Address: _____

Employer: _____

Home Phone: _____ Work Phone: _____

Mother's Name: _____

Address: _____

Employer: _____

Home Phone: _____ Work Phone: _____

Family Medical Insurance:

Carrier: _____

ID or Policy Number: _____

Group Number: _____

Family Physician Name: _____

Address: _____

Phone Number(s): _____

Allergies (List): _____

Serious Medical Conditions: _____

I, _____, on this date _____, hereby grant consent to any
(Name) (Date)

and all health care providers designated by Bethany Lutheran College to provide any necessary medical care as a result of any injury/illness. This consent includes First Aid and transportation to/from health care providers.

Release of Liability on Back



Release of Liability & Assumption of Risk Agreement

I, _____, being allowed to participate in any way in Bethany Lutheran College Intramurals, acknowledge, appreciate and agree that:

1. The risk of injury from participating in Intramurals at BLC is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and
2. I knowingly and freely assume all such risks, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for participation; and
3. I willingly agree to comply with the program's state and customary terms and conditions for participation. If I observe any unusual significant concern in my readiness for participation and/or in the program itself, I will remove myself from the participation and bring such attention to the Coordinator of Intramurals; and,
4. I myself HEREBY RELEASE the other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my involvement or participation in BLC Intramurals, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participation in BLC Intramurals, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____ Date Signed: _____
(Signature) (Print Name)

UNDERSTANDING OF RISK

I understand the seriousness of the risks involved in participating in BLC Intramurals, my personal responsibilities for adhering to the rules and regulations and accept them as a participant.

X _____ Date Signed: _____
(Signature) (Print Name)

Bethany Lutheran College and the Intramural Department are not authorized to provide medical, accident, or health insurance. You are advised to obtain appropriate insurance on an individual basis. If you are presently insured, you should check your policy to assure yourself of sufficient and appropriate coverage.

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