STUDENT ACKNOWLEDGMENT AND CONSENT FOR USE OF ATHLETIC FACILITIES AND PARTICIPATION IN ATHLETIC ACTIVITIES

_______________________ (Student) and _________________________ (Student’s parents or legal guardian if Student is under age eighteen) understand and acknowledge the following:

PART I: ACKNOWLEDGMENT OF RISK

I am aware that there is a risk of injury involved in Student’s use of athletic facilities and/or participation in athletic activities at Stevens Institute of Technology (“Stevens” or the “University”), including but not limited to physical education and wellness classes, individual or group exercise, and recreational activities. I understand that the risks may range in severity from minor injuries to long-term or catastrophic injuries, including paralysis and death. Knowing the hazards, risks and dangers, including but not limited to falls; over-exertion; effects of weather; contact with other participants; musculoskeletal injuries; and head, neck, spinal cord and/or brain injury, I acknowledge and agree that use of athletic facilities and/or participation in athletic activities is at Student’s own risk.

In addition to the risks listed above, which exist for all athletic activities, the following are risks increased by the nature of certain activities:
- For aquatic activities (including but not limited to swimming and boating), I understand that specific risks include cramping, intake of water, and drowning.
- For contact sports (e.g., wrestling, basketball, lacrosse, soccer, baseball, softball, field hockey, ice hockey, rugby and frisbee), I understand that the risk of injury is increased by the nature of the contact and collision that exists in the sport.
- For sports involving objects traveling at a high rate of speed (e.g., baseball, softball, tennis, volleyball, golf, field hockey, ice hockey, lacrosse, track and field, archery, rugby, frisbee, and paintball), I understand that the impact of such objects against the body could produce injury.
- For the sport of fencing, I understand that the use of blades for thrusting and slashing movements could cause injury and also understand that blades may be subject to breakage increasing the risk of injury.
- For running, cycling, skiing, snowboarding, hiking, and equestrian sports, I understand that traversing uneven terrain or obstacles may cause a fall or injury.
- For equestrian sports, I understand that risk of injury is increased by the potential for falls or erratic movement by the horse.

I acknowledge that Student has responsibility for preventing potential injuries, including by: exercising judgment in calibrating activities to his/her individual level of ability, knowing how to use any equipment prior to use, knowing how to perform any exercises with proper form, ceasing activities and seeking medical treatment if a potential injury occurs, and complying with medical recommendations. I understand any health-related restrictions on Student’s activities and will follow them. I understand and acknowledge that protective equipment must be worn properly for athletic activities as appropriate.
understand and acknowledge that if Student has a question or is concerned about the proper use, fit, or condition of any equipment, Student is responsible for immediately addressing such concerns with the Director of Campus Recreation.

Student understands and agrees to abide by all policies, rules, and regulations of Stevens, including any directions of Stevens’ staff in connection with Student’s use of athletic facilities and/or participation in athletic activities.

I assume responsibility for the risks of Student’s use of athletic facilities and/or participation in athletic activities at Stevens.

PART II: CONSENT TO TREAT

If Student should suffer an injury or illness, I grant permission for such diagnostic and therapeutic procedures as may be deemed necessary to treat the Student. Stevens may administer treatment to Student and/or secure treatment for Student by making necessary referrals to hospitals, private physicians, dentists, and other community facilities and healthcare providers. I grant permission for transportation to and treatment at such local hospital or other healthcare facility. I understand that any diagnosis, treatment, and/or transportation will be my sole financial responsibility.

SIGNATURES:

I have had the opportunity to ask questions regarding this document and all of my questions have been answered to my satisfaction. Having understood this document completely, I freely sign:

Date: ____________________

Student Signature: ______________________________

Printed Name: ________________________________

CWID: ________________________________

Date of Birth: ________________________________

Required if Student is under age eighteen:

Parent/Guardian Signature: ______________________________

Printed Name: ________________________________

PLEASE RETURN ALL PAGES OF THE SIGNED DOCUMENT

Last updated: 9/21/2016