

College of Southern Maryland—Wellness Fitness and Sports Department

Statement of Informed Consent, Assumption of Risk, and Release

I have registered in the following course or desire to participate in the following activity sponsored by College of Southern Maryland:

Indoor Adult Volleyball

I understand that participation in this activity involves inherent risks of injury, and that the nature of the risks may vary depending upon the type of activity, instructor, and my own physical condition and conduct. I also understand that it is not possible to specifically list each and every individual risk, but that most courses and activities may involve risk associated with strenuous exercise, as well as risks from the usage of equipment or participation in group activities. I acknowledge that I will either ask for or have been given any information that I need to determine the general risks associate with this activity.

I understand that I must be at least 18 years of age by the start date in order to participate in this activity. I understand that certain precautions may be advised for the particular activity. I agree to follow those precautions and to conform to all rules and policies of the department, the instructor, and any other sponsor of this activity. However, I recognize that these precautions will not eliminate the risks inherent in this activity. I voluntarily assume all risks of loss, damage, illness, or injury which I may sustain while participating in this activity, including travel and usage of any equipment or facilities. I will make no claim against and release, waive, discharge, hold harmless and indemnify, on behalf of myself, my personal representative and my heirs, College of Southern Maryland and its officers, agents, and employees for any and all claims and causes of action for any injury or loss, or for damages, costs, expenses, or compensation that may occur during or result from my participation in this activity, whether arising through the negligence, omission, default, or other action of any person or event associate with this activity, including fellow participants.

I have read and understand the statement of informed consent, assumption of risk, and release.

5. Name _____ Volleyball Jersey # _____
Address _____ Birth date _____
Emergency Contact: _____ Relationship: _____
Emergency Contact Phone: (H) _____ (W) _____ (Cell) _____
Signature of Participant _____

6. Name _____ Volleyball Jersey # _____
Address _____ Birth date _____
Emergency Contact: _____ Relationship: _____
Emergency Contact Phone: (H) _____ (W) _____ (Cell) _____
Signature of Participant _____

7. Name _____ Volleyball Jersey # _____
Address _____ Birth date _____
Emergency Contact: _____ Relationship: _____
Emergency Contact Phone: (H) _____ (W) _____ (Cell) _____
Signature of Participant _____

8. Name _____ Volleyball Jersey # _____
Address _____ Birth date _____
Emergency Contact: _____ Relationship: _____
Emergency Contact Phone: (H) _____ (W) _____ (Cell) _____
Signature of Participant _____

9. Name _____ Volleyball Jersey # _____
Address _____ Birth date _____
Emergency Contact: _____ Relationship: _____
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