

College of Southern Maryland
Wellness, Fitness, and Aquatics Department
Statement of Informed Consent, Assumption of Risk, and Release

Name _____ Student ID# _____

Local Address _____

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

Course Number and Title → _____

I understand that participation in this activity/ course 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 risks 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 associated with this course/activity.

I understand that I will complete a written self-evaluation of my health status to help determine whether I must seek a physician's permission before participating in this course/activity, but that it is ultimately my responsibility to determine whether I can safely participate in this course/activity. I understand and agree that if the college determines based upon the results of the initial evaluation that a medical clearance is necessary, that I will not be allowed to participate in any physical activities that are part of this course/activity until I have consulted with my physician and obtained written permission.

I understand that certain precautions may be advised for the particular course/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 course/activity. However, I recognize that these precautions will not eliminate the risks inherent in the course/activity.

I voluntarily assume all risks of loss, damage, illness, or injury which I may sustain while participating in this course/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, the 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 course/activity, whether arising through the negligence, omission, default, or other action of any person or event associated with this course or event, including fellow participants.

I agree that all disputes, controversies, and claims that may arise between myself, my personal representative or my heirs and the College of Southern Maryland or its officers, agents and employees relating to or arising out of this Statement of Informed Consent, Assumption of Risk, and Release (including but not limited to disputes, controversies, and claims related to or arising out of the activity set forth above) will solely be resolved by final and binding arbitration administered by the American Arbitration Association. Except as may be required by law, neither a party nor an arbitrator may disclose the existence, content or results of any arbitration hereunder without the prior written consent of both parties. Judgment on an award rendered by an arbitrator may be entered in any court having jurisdiction thereof. My agreement to final and binding arbitration shall in no way be construed to limit any other provision of this Statement of Informed Consent, Assumption of Risk, and Release.

If participant is under the age of 18, as the participant's parent or guardian, I give my permission for my child to participate in this course/activity and grant the same informed consent, assumption of risk, and release on behalf of myself, my child and the child's family.

DATE _____

SIGNATURE OF PARTICIPANT OR PARENT / GUARDIAN IF PARTICIPANT IS UNDER THE AGE OF 18:
