



**Bowling Green State University
 Department of Intercollegiate Athletics
 Athletic Training
 Perry Stadium East
 Bowling Green, OH 43403**

RELEASE, CONSENT TO TREATMENT, AND INDEMNIFICATION AGREEMENT

Printed name of student-athlete _____

Sport _____

In consideration of being permitted to participate in intercollegiate athletics within the Department of Intercollegiate Athletics ("DIA") at Bowling Green State University ("BGSU"), and to use the DIA's facilities and equipment, I understand and acknowledge that:

- Participation in sports requires an acceptance and assumption of risk of serious medical injury.
- Participation in intercollegiate athletics may expose me to hazards or risks that may result in my illness, personal injury, or death. I understand and appreciate the nature of such hazards and risks.
- I am responsible for knowing the risks of injury associated with participation in, and adhering to rules and regulations applicable to, my specified sport, including but not limited to those employed to minimize my risk of significant injury while participating in my sport.
- I must refrain from practice and competition during my medical treatment until I am discharged and given permission to resume activities by the team physician or staff athletic trainer(s).
- BGSU is not responsible for any previous or pre-existing medical condition(s) that I may have or injuries and illnesses that are not directly related to an official practice, contest, or conditioning session.
- I have read, fully understand and agree to be bound by the DIA's medical policies and procedures. In the event of illness or injury, BGSU will only be responsible for my care and treatment for one year after the date of such illness or injury and only if I follow the proper procedures in gaining medical treatment as outlined in the DIA's medical policies and procedures.
- I am eighteen years of age or older, under no legal disability, and am fully competent to sign this agreement.

RELEASE

In further consideration of being permitted to participate in intercollegiate athletics, I hereby accept all risks to my health and of my injury or death that may result from such participation. I hereby release and discharge BGSU, its board of trustees, officers, employees, agents and representatives from any liability to me, my personal representatives, heirs, next of kin, and assigns, from any and all claims, causes of action, damages, and costs for any and all illness or injury to my person, including death that may result from or occur during my participation, or loss of or damage to my property, to the full extent allowed by law.

CONSENT TO TREATMENT

In further consideration of being permitted to participate in intercollegiate athletics, I hereby authorize and consent to such diagnostic, medical and/or surgical treatment as may be considered necessary or appropriate under the circumstances for the treatment of any illness or injury arising from or sustained by me while engaged in activities related to intercollegiate athletics. The attending physician(s), athletic trainer(s), appropriate staff, and BGSU and its officers, agents, and employees shall not be responsible in any way for any consequences from said diagnostic, medical and/or surgical treatment and are hereby released from any and all claims and causes of action that may arise, grow out of, or be incident to such diagnosis and treatment, to the full extent allowed by law.

INDEMNITY

In further consideration of being permitted to participate in intercollegiate athletics, I further agree to indemnify and hold harmless the BGSU and its board of trustees, officers, employees, agents and representatives from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in my sport.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR INJURY OR DEATH OR DAMAGE TO MY PROPERTY THAT OCCURS WHILE PARTICIPATING IN INTERCOLLEGIATE ATHLETICS, AND THAT IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY TO OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

Signature of student-athlete

Date

Signature of Parent/Legal Guardian
(If student-athlete is under 18 years of age)

Date

Signature of witness

Date

I have reviewed the above statements but I do not wish to authorize this release. _____
Initials