



Liability Release and Waiver

Informed Consent to Participate **Men's Basketball Event**

This is a legally binding release made to Grand Valley State University. I (print name) _____ fully recognize that there are dangers and risks to which I may be exposed by participating in an athletic or recreation activity. I understand the University cannot guarantee my personal safety while I am participating in this event. There are dangers and risks associated with all physical activity including the risk of physical injury.

You may be invited to participate in a variety of physical activities. All physical activity involves a range of inherent risks. Consequently, you should make sure you have adequate health to participate in these activities. It is your responsibility to check with a physician of your choice about your health status if there is any question regarding your fitness for participation. If at any time during participation, you experience any physical distress, or have any questions or concerns regarding your participation, see your instructor/coach immediately. Your participation in activity is voluntary.

Some types of equipment used in physical activity have unique characteristics and, if improperly used, can be dangerous and result in injury. Before you use any equipment, make sure you know how it works and it is in safe working order. Failure to use equipment as intended will increase your risk of injury to yourself and possibly to others.

People participating in activities at Grand Valley State University assume the following responsibilities:

- Will comply fully with all rules, directions and guidelines of the facility.
- Will comply fully with all rules, directions and guidelines concerning physical activities and the safe use of equipment.
- Will notify the instructor/coach immediately if any unsafe or hazardous situations come to his/her attention.
- Will limit his/her participation to planned activities as directed by the instructor/coach.
- Will stop participating if the participant feels he/she cannot continue safely.

I have read the above statements describing risks and responsibilities. I understand the potential risks associated with participation in physical activity. I understand I should consult with a physician to determine my suitability for participation. I understand I should consult with the instructor/coach if I have any uncertainty or concerns regarding my participation as well as questions/doubts about safety during activities. My questions about this agreement have been answered to my satisfaction.

If I do not comply with any of the responsibilities outlined above, I understand this may result in dismissal from the activity and facility.

Participant's Signature _____

Participant's printed name _____ Date: _____