



**UNC  
GREENSBORO**  
Division of Student Affairs  
Recreation & Wellness

## **Informed Consent, Liability Waiver, Indemnification and Agreement for Emergency Medical Treatment for Minor Participant**

I voluntarily consent to participate in recreation activities at the UNCG Leonard J Kaplan Center for Wellness. I acknowledge and understand that it is my sole responsibility to consult with a physician prior to participating, and to decline, decrease or cease participation in the event of illness, injury or other medical condition. I understand that the staff may reduce or stop my participation in the best interest of my safety and well being. I understand that it is solely my responsibility to seek and receive insurance, medical evaluation and treatment for any symptoms that may arise out of or related to my participation. I acknowledge and understand that UNCG is self-insured and will not provide insurance. I further agree to abide by all UNCG and Recreation & Wellness policies and procedures.

I understand that injury or medical conditions are inherent risks associated with recreation activity. Propensity for injury depends in individual fitness, conditioning, experience, as well as the nature of the activity and degree of reasonable and expected contact. Injuries may include, but are not limited to, loss of wind, muscle cramps, sudden illness, abrasions, loss of consciousness, heat stroke, heat exhaustion, injuries to muscles, ligaments, tendons, and joints of the body, such as shoulder, rotator cuff, arms, lower back, knees, legs and ankles, broken bones, or stoppage of breathing. I further understand that medical conditions may include, but are not limited to, abnormal blood pressure, fainting, dizziness, disorders of the heart, and rare instances of paralysis, stroke, or death.

In consideration of all of the notices contained herein, it is my express desire to participate in the recreation activities at my own risk. In consideration of my participation in the Program and use of its facilities and equipment, I hereby voluntarily release, hold harmless, and forever discharge UNCG and its trustees, officers, agents, employees, representatives, executors, and successors of all of the above, on behalf of myself and my successors and assigns, from any and all liability for injuries or damages I may incur in connection with or arising out of my participation in the Leonard J Kaplan Center for Wellness. By signing below, I acknowledge that I have read and understand this document in its entirety and hereby voluntarily consent to all of its provisions.

If participant is a minor, parent or legal guardian of minor hereby expressly accepts all of the terms of this document on behalf of the minor participant. By signing below, the participant's parent or legal guardian hereby certifies that he/she is the parent or legal guardian of participant, acknowledges that he/she has read and understands the terms of this document in its entirety, freely gives permission for the minor to participate in the Program, and fully agrees to release, indemnify and hold harmless UNCG, its trustees, officers, employees, agents, and other persons connected with this Program from any and all claims, lawsuits and liability for bodily injury, property damage, death or other loss in connection therewith. In the event of a medical emergency, I hereby consent to transportation and emergency medical treatment for the minor arising out of or relating to participation at the Leonard J Kaplan Center for Wellness.

**In the event of an emergency please notify:** \_\_\_\_\_ at \_\_\_\_\_

**PARTICIPANT Name:** \_\_\_\_\_

**PARENT/LEGAL GUARDIAN Name (Print):** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City, State, Zip:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**PARENT/LEGAL GUARDIAN Name (Signature):** \_\_\_\_\_ **Date:** \_\_\_\_\_