# Release Form and Emergency Medical Authorization

WHEREAS, the undersigned voluntarily desires to participate in an activity to wit: Intramural Sports; and

WHEREAS, the undersigned is duly aware of the risks and hazards, which may arise through the participation, said and that the participation in said activity may result in the loss of life and/or limb and/or property of the undersigned.

THEREFORE, it is agreed as follows:

THAT in consideration of being allowed to participate in said activity and receive educational and other benefits there from (receipt of which is hereby acknowledged), with full knowledge of the risks and hazards, the undersigned hereby voluntarily assume all risks of accident or personal damage to his/her person or property and hereby releases The University of Akron and its Board of Trustees, its officers, agents and employees, or otherwise, while preparing for, participating in, or traveling to and from said activities. In addition to this release binding the undersigned, this release shall also be binding upon heirs, administrators, executors and assigns of the undersigned; and

IN the event of the illness or injury resulting or arising directly or indirectly out of said affiliation with intramurals, the undersigned hereby gives his/her consent and authorization for (1) The administration of emergency first aid care and treatment at the scene of an emergency by faculty or staff members of The University of Akron, or (2) the administration of any treatment deemed necessary by a licensed physician or dentist, and (3) the transfer to any hospital reasonably accessible. The authorization in not intended to cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performances of such surgery; and

The undersigned hereby declares that he/she has no allergies, physical impairments (heart, epilepsy, etc.) or any other disabilities and that he/she is taking no medication which medication (or physical impairment) would preclude him/her from participating in said activity.

The undersigned, by signing this release, hereby certifies that he/she has read and fully understands the conditions herein provided, and agrees to be legally bound by this release.

THIS IS A RELEASE OF YOUR RIGHTS. READ CAREFULLY BEFORE SIGNING.

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| Signed | Date | Signed | Date |
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