

Coastal Carolina University
DEPARTMENT OF CAMPUS RECREATION
Participation Agreement, Risk Assumption and Liability Release

I, _____, desire to participate in the activities and programs of the Coastal Carolina University Recreation Center (the "Activities") and, in consideration of being allowed to participate in the Activities and to use the machinery and equipment of the Coastal Carolina University Recreation Center (the "Facilities"), I do hereby acknowledge and agree as follows:

1. I am fully informed and aware that my participation in the Activities and use of the Facilities involve certain risks, including, but not limited to, property damage and loss, bodily injury, illness and even death. I fully assume any and all such risks.

2. I am in sufficient physical and mental health to participate in the Activities and to use the Facilities. I have medical insurance coverage appropriate for my participation in the Activities and use of the Facilities, and I have provided medical insurance and emergency contact information below my signature on this Agreement. I understand that Coastal Carolina University shall not provide any insurance for me in connection with my participation in the Activities or use of the Facilities.

3. I fully and forever release, waive and discharge, and covenant not to sue, Coastal Carolina University (including, but not limited to, its trustees, faculty, staff, students, agents and representatives), from and for any and all demands, claims, actions, suits, damages, losses, liabilities, costs and expenses (including, but not limited to, court costs and attorneys' fees), from any cause whatsoever (including but not limited to, property damage or loss, bodily injury, illness or death) directly or indirectly arising in connection with my participation in the Activities or use of the Facilities, whether or not foreseeable or contributed to by the negligent acts or omissions of Coastal Carolina University or others.

4. This Agreement constitutes the entire agreement, and supersedes any prior or contemporaneous agreements, regarding this subject matter. This Agreement (i) may not be amended, by course of conduct or otherwise, and (ii) may not be assigned, in whole or in part, except in writing duly executed by Coastal Carolina University and me. This Agreement shall be interpreted and enforced in accordance with the laws of the State of South Carolina, without regard to any conflicts or choice of law principles, and shall be as broad and inclusive as permitted by such laws. If any provision of this Agreement is held unenforceable by a court, such unenforceability shall not affect any other provision, and this Agreement shall be construed as if such provision, to the extent of such unenforceability, had not been incorporated herein.

5. I (i) have read and fully understand this Agreement, (ii) intend that this Agreement be legally binding upon and enforceable against me and my family, estate, heirs and legal representatives, (iii) intend that this Agreement benefit Coastal Carolina University, and (iv) confirm that I am at least 18 years of age, fully competent, and am entering into this Agreement voluntarily and of my own judgment.

I have duly executed and delivered this Agreement as of _____.

Signature: _____ Medical Insurance Co

Print Name: _____ Medical Insurance No.:

Emergency Contact Name and Phone No.:

THIS FORM MUST BE COMPLETED BEFORE ENGAGING IN PHYSICAL ACTIVITY

Name:

Address:

Phone: (hm)

(cell)

Age:

DOB:

Occupation:

Physician's Name:

Physician's Address:

Physician's Phone:

HEALTH/FITNESS HISTORY

Are you presently involved in a regular exercise program? Yes No

If yes, please list activity, duration, frequency and intensity:

Are you currently taking any medication regularly, including herbals, supplements and over-the-counter drugs? Yes No

If yes, please list type and reason:

Type:

Reason:

Type:

Reason:

Type:

Reason:

Are you allergic to any medications? Yes No Medication:

Do you have or have you ever had any of the following conditions?

CONDITION DESCRIPTION

Heart Attack	Yes	No	Shortness of breath	Yes	No
Murmurs	Yes	No	Stroke	Yes	No
Hypertension	Yes	No	Diabetes	Yes	No
Cancer	Yes	No	High Cholesterol	Yes	No
Hernia	Yes	No	Arthritis	Yes	No
Joint swelling	Yes	No	Emphysema	Yes	No
Osteoporosis	Yes	No	Rapid heartbeat	Yes	No
Thyroid	Yes	No	Anemia	Yes	No
Asthma	Yes	No	Eating Disorder	Yes	No
Musculoskeletal	Yes	No	Emotional disorder	Yes	No
Other	Yes	No (please explain:			

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Have you experienced any of the following? (Recently= within the last month)

Recent illness	Yes	No
Recent hospitalization	Yes	No
New medical diagnoses	Yes	No
Recent surgical procedure	Yes	No

If yes, explain:

Have you ever been injured in any of the following areas?

BODY PART DESCRIPTION WHEN

Neck	Yes	No	Arms	Yes	No
Abdomen	Yes	No	Back	Yes	No
Legs	Yes	No			

What type of physical demands does your job impose on you?

Do you know of any physical condition that you have that could be aggravated by exercising or exerting yourself? Yes No

If yes, please explain

Do you now or have you ever smoked? Yes No

If yes previously smoked, how long did you smoke, how often and when did you quit?
If you currently smoke, how much?

Do you use recreational drugs? Yes No

If yes, how much (per day, week etc.)

Do you use alcohol? Yes No

If yes, how much (per day, week etc.)

Do you drink caffeinated beverages? (coffee, colas etc.) Yes No

If yes, how many per day

Are you now or have you ever been on a diet? Yes No

If yes, explain

Number of meals you usually eat per day:

Do you consider yourself: (please, Check one)

Sedentary Lightly Active Moderately Active Highly Active

How would you describe your nutrition habits: (please, Check one)

Good Fair Poor

Would you characterize your life as: (please, Check one)

Highly Stressful Moderately Stressful Low in Stress

Please describe your knowledge of exercise and fitness: (please, Check one)

Very Knowledgeable Knowledgeable No Knowledge