

PLEASE PRINT:

Group:	OSU Judo Club	Date(s): November 10 th , 2012	
Event/Activity:	Fall Tournament		
List of Activities:	Judo tournament Matches		
Participant:	Name:	Age:	Sex:
	Street Address:		
	City:	State:	Zip Code:
	Home Phone:	Alternate Phone:	
OSU Dept Name:	Recreational Sports	Department Contact Info: 541-737-4083	
	Employee Name: Mitch Wiltbank	Employee Contact Info: 541-737-3566	

I am a (check one): OSU Student: () ID #: _____ Visitor/Guest: ()

Acknowledgement of Risk and Waiver of Liability

Read this Acknowledgement of Risk and Waiver of Liability carefully and in its entirety. It is a binding legal document. Sign and return this form to the above OSU Department or supervising employee. If you are under the age of 18, this form MUST be signed by you as the participant AND by your parent or legal guardian.

I, the undersigned, acknowledge that I have read the following and voluntarily agree to its terms and conditions to participate in the above listed event/activity (hereafter referred to as ACTIVITY)

I have full knowledge of the facts and circumstances surrounding the ACTIVITY described above and am voluntarily participating in this ACTIVITY, which may include actions and events that are risky and dangerous, including from which bodily injury, up to and including mortal injury, may occur. I have the physical capacity reasonably necessary to engage in ACTIVITY; however, in case of an emergency, accident or illness, I give permission to be treated by medical professionals if necessary and agree to be responsible for any expenses incurred as a result thereof.

I understand the Oregon Tort Claims Act (ORS 30.260 to 30.300) permits the State of Oregon, acting by and through the State Board of Higher Education, on behalf of Oregon State University, its officers, employees, and agents (hereafter referred to as UNIVERSITY) to accept responsibility only for the negligent acts of UNIVERSITY. UNIVERSITY is prohibited from accepting any liability for the acts, omissions and conduct of person participating in activities. I will indemnify and hold UNIVERSITY harmless with respect to any and all claims, injuries, and costs associated with participation in this ACTIVITY. I recognize and acknowledge that I am not an agent or employee of the UNIVERSITY, that I may not and will not represent myself as such, and that I cannot and will not bind or obligate the UNIVERSITY in any way.

I will assume all responsibility and risks associated with my participation, including all risk of property damage and injury to others and to myself, regardless if occurring before, during or after the period of the ACTIVITY. I agree to comply with all of the rules and conditions of participating in the ACTIVITY, including UNIVERSITY Rules and Regulations and applicable laws or rules where the ACTIVITY is occurring.

I recognize and acknowledge that UNIVERSITY may record my participation and appearance in ACTIVITY on any recorded medium (including, but not limited to video, audio, photos) for use in any form (including, but not limited to print, websites, blogs, internet). I authorize such recording and release UNIVERSITY to use my name, likeness, voice, and biographical material to exhibit or distribute such recordings in whole or part without restrictions or limitations for any educational or promotional purpose. I further release UNIVERSITY to use material from blogs associated with ACTIVITY without restrictions or limitations for any educational or promotional purpose.

I am aware that if I provide a vehicle not owned and operated by UNIVERSITY for transportation to, at, or from the ACTIVITY, or if I am a passenger in such vehicle, UNIVERSITY is not responsible for any damage caused by or arising from such transportation. I understand that I will be expected to accept full responsibility and liability for myself and my passengers and that I have automobile liability insurance in accordance with Oregon Insurance Requirements or the state in which my vehicle is licensed.

By signing below, I hereby acknowledge that I have read this document in its entirety, understand it, and sign it voluntarily, that I am of legal age and that I agree to the terms and conditions listed above.

DATE _____ SIGNATURE _____

Participants who are not 18 years of age or older must sign above, and obtain the signature of a parent or legal guardian below:

I certify that I am the parent or legal guardian of the above-named participant in the ACTIVITY. On behalf of myself and co-guardian or any other person who claims the participant as a dependent, I have read the above agreement, I understand the contents of this Acknowledgement of Risk and Waiver of Liability, agree to all terms and conditions herein, and give my consent for participation by my dependent in the ACTIVITY, and to receive medical treatment determined to be necessary.

DATE _____ SIGNATURE _____