MICHIGAN STATE
UNIVERSITY

To be completed by participant

GENERAL ASSUMPTION OF RISK & RELEASE OF LIABILITY

Michigan State University is a public educational institution. References to the University include its Board of Trustees, employees, volunteers, and students.

I _____, freely choose to participate in the FOWLERVILLE HS WEIGHT TRAINING ("Program"). In consideration of my participation in this Program, I agree as follows:

RISKS INVOLVED IN PROGRAM (Inherent in this Program's activity)

Bodily injuries resulting from exercise training or testing in a sports performance clinic setting involving speed and agility training, plyometrics, and resistance training exercises

I recognize that the above specifications are not complete and that participation in the Program could lead to untoward consequences which are not anticipated.

I understand that participation in this Program is voluntary and I may withdraw at any time. I understand that participation may or may not actually benefit me.

HEALTH AND SAFETY: I have been advised to consult with a medical doctor regarding any personal medical needs. There are no health-related reasons or concerns that preclude or restrict my participation in this Program, except as stated here _____
_____.

I have obtained any required immunizations.
In case of a medical emergency occurring during my participation in this Program, I authorize, in advance, the University to secure whatever treatment is deemed necessary. The University may (but is not obligated to) take any actions it considers to be warranted under the circumstances for my health and safety. I agree to pay all expenses for such medical treatment and I release the University from any liability.

ASSUMPTION OF RISK AND RELEASE FOR LIABILITY: Knowing that participation in the Program entails some risks, and in consideration of being permitted to participate in the Program, I agree to release the University from any and all costs, claims, injury or illness resulting from my participation in the Program, other than for the University's intentional misconduct or gross negligence.

I accept the Program rules and regulations. I have been advised that I should look to my own health insurance policy in case of injury. I have read and fully understand this document. All blank spaces were filled in and/or sections crossed out prior to my signing.

DATE: _____ _____
Participant

To be completed by parent of guardian

ACKNOWLEDGEMENT OF RESPONSIBILITY AND INFORMED CONSENT

I, _____, would like my minor child to participate in the Spartan
(name of parent or guardian)

Performance Program at Michigan State University ("MSU") or at an off-site location. I understand that this activity entails a risk of injury, and that when young people are engaging in sports performance training or testing, accidents can happen even when there is supervision. I know that my child and I bear some responsibility for minimizing the risk of injury. I will talk with him or her about the importance of safe behavior.

1. *HEALTH NEEDS*. My child has no health related condition or disability that limits his or her ability to participate in the program or activity, except as follows:
   _____
   _____
   _____

2. *EMERGENCY*. In case of medical emergency occurring while my child is participating in a program or activity, I authorize MSU, in advance, to secure whatever treatment it deems necessary. MSU may take such actions as it considers to be warranted under the circumstances for my child's health and safety. I agree to bear the expense for any emergency medical treatment and release MSU form liability for the same.

3. *RULES AND REGULATIONS*. I have directed my child to listen and be mindful of all safety instructions provided him or her, and to abide by all program rules.

4. *BEHAVIOR*. MSU reserves the right to remove or restrict a child who does not listen to instructions, engages in bullying, hostile behavior, or other actions that interfere with the conduct of the program.

I HAVE READ THIS ACKNOWLEDGEMENT. I UNDERSTAND AND ACCEPT IT.

Dated:_____ _____
(Child's name and date of birth)

Emergency contact:_____ _____
(name and phone) (Parent/Guardian signature)

_____

Program Fowlerville HS Weight Training

Dates Attending 2018-19 School Year

MEDICAL TREATMENT AUTHORIZATION FOR MICHIGAN STATE UNIVERSITY

Your child will be involved in a Michigan State University program on the above date(s). This form must be completed and signed by a parent or guardian to give a medical facility permission to treat the participant for minor injuries or medical problems. In the event of serious injury or illness, the parent or person designated will be contacted. Treatment will proceed before contacting the parent or person designated only if the situation is urgent and does not permit delay.

Participant's full legal name:

_____ Birth date: _____

Last First M.I.

Parent phone: day ( ) _____ evening: ( ) _____

Mailing Address: _____ Primary care physician's name: _____

_____ Physician's phone: _____

_____ Physician's address: _____

HEALTH INSURANCE INFORMATION:

Policy holder's name and relationship to participant _____

Policy holder's address: _____

Please attach a photocopy of both sides of your insurance card **OR** complete the information requested below.

Insurance company name and address:

_____ Insurance company phone number: (____) _____

_____ All policy numbers (please identify): _____

_____ _____

If you have HMO insurance, please list the emergency treatment authorization phone number: (____) _____

Employer's name and address: Business phone (____) _____

_____

_____

INFORMATION NEEDED ABOUT PARTICIPANT: Please check yes or no. If yes, explain below or on another sheet if you need more room.

	YES	NO	
Does the participant have any chronic health problem or illness?	____	____	_____
Does he or she have any acute illness now?	____	____	_____
Has the person been treated recently for some medical problem?	____	____	_____
Does he or she have any allergies?	____	____	_____
Does he or she have any allergies to medication or local anesthetics?	____	____	_____

Date of his or her last tetanus shot _____

List any medications he or she is now taking for treatment of any medical problem._____

_____

OFFICIAL AUTHORIZATION FOLLOWS:

I (parent or legal guardian), _____, recognize that while attending this program, medical treatment on an emergency basis may be necessary for my child, and I further recognize that the program director may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the circumstances and to assume the expenses of such care. I also authorize the medical facility to release any and all information required to complete insurance claims and also authorize insurance payment directly to the medical facility.

_____ _____

Signature of Parent/Guardian **or** of participant aged 18 and up Date

MICHIGAN STATE UNIVERSITY MEDIA RELEASE FORM

Participants in MSU-sponsored programs and activities may be photographed and videotaped for use in MSU promotional and educational materials. The participants are not identified by name in the materials.

I authorize MSU to record the image and voice of the subject named below and I give MSU, and all those acting with MSU's approval, all rights to use these images and voice recordings. I understand that such images and/or recordings may be used for educational and promotional purposes. This authority extends to all conventional and electronic media, including the Internet and any future media, and to any printed material.

I understand and agree that these images and recordings may be duplicated, distributed with or without charge, and/or altered in any manner without compensation or liability, in perpetuity.

Print subject's name: _____

Signature of Parent/Guardian of minor participant or of participant aged 18 and up:

_____ Date: _____

_____ Date: _____