

MESSIAH COLLEGE

Athletic Training Major Off-Campus Field Experience Consent-Waiver

I, _____
(Name) (Signature)

1. I am voluntarily participating in the following activity of Messiah College:

including transportation related thereto, on the following date(s): _____

2. I realize that I am responsible for my own safety and well-being while participating in this activity and promise that I will exercise prudence and reasonable care as to myself and others while so participating.

3. I understand that it is possible for me to suffer a serious physical injury during travel to/from this activity and during participation in this activity. Such an injury could result in: death; paralysis; loss of limbs; broken bones; torn muscles, ligaments, tendons and cartilage; and internal organ damage.

4. I have full knowledge of the risks involved in this activity and freely state that I am personally responsible for all risks of injury or damage to person or property in any way arising out of my participation in this activity.

5. I hereby release Messiah College, its officers, employees, agents, and instructors, from liability for all claims of damage, demands and actions whatsoever, including attorneys fees, in any manner arising out of my participation in this activity. I accept full responsibility for any injuries I suffer as a result of participation in this activity and agree to submit any medical claims to my personal or family health insurance company.

6. I recognize that this activity is an approved program of Messiah College and I will therefore observe and abide by the ethos standards of Messiah College, as outlined in the Student Handbook, at all times.

I HAVE READ THIS DOCUMENT AND UNDERSTAND ITS MEANING.

IN WITNESS WHEREOF, I have signed this document the _____ day of _____ 20____.

(Witness) (Name)

(Witness) (Name)