



**Assumption of Risk  
First Aid and Health Care Authorization**

**(Includes Greer Natatorium, Porter Gymnasium, Tennis Courts, Younts Soccer Stadium, Sutton Softball Field)**

**Participant's Name:** \_\_\_\_\_  
**(please print)**

I am fully aware of the potential of physical risks while participating in physical activity in the Greer Natatorium, Porter Gymnasium, Tennis Courts, and Younts Soccer Stadium. I understand that I could sustain both minor and severe injuries. Minor injuries could include abrasions, bruises, strains or sprains; major injuries may include partial or permanent physical disability or death/drowning. I accept this assumption of risk that is always present whenever I swim in the pool or participate in physical activities in the gymnasium, tennis courts, and soccer field.

In consideration of Columbia College permitting me to use the College's pool, gymnasium, tennis courts, and soccer fields, I, on behalf of myself, my heirs, devisees, assigns and any person or entity claiming by or through me, hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless the College, its Board of Trustees, employees, faculty members, students and any one else associated with the College from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of the pool, gymnasium, tennis courts, and soccer fields. I understand the foregoing limitation of liability shall apply whether the claim is based upon breach of contract, negligence, gross negligence, strict tort, breach of any statutory duty or principle of indemnity.

I Hereby give certified personnel (i.e. certified athletic trainer, certified lifeguards, employees with first aid certification) employed by Columbia College authorization to render first aid to me in the event of an injury or illness while swimming in the Greer Natatorium or participating in physical activity in the Porter Gymnasium, Tennis Courts, and Younts Soccer Stadium. Injuries that I may encounter and receive treatment for include, but are not limited to, the following.

- |                                 |                                      |                        |
|---------------------------------|--------------------------------------|------------------------|
| Cuts, lacerations and abrasions | Head injuries, including concussions | Neck and back injuries |
| Choking                         | Eye injuries                         | General fatigue        |

If I require specialized or emergency care, I will be referred to the appropriate medical facility or professional. I further understand that a person listed as my emergency contact will be notified if considered necessary by a member of the Columbia College Police Department.

**By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against the enumerated parties on the basis of any claim from which I have released them herein.**

**I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.**

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature (if under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Columbia College Certified Athletic Trainer

\_\_\_\_\_  
Date

.....  
Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_  
(include area code)

- Home
- Work
- Cell