

CLUB SPORTS ASSUMPTION OF RISK AND RELEASE OF LIABILITY FORM

THIS IS A RELEASE OF LEGAL RIGHTS. READ AND UNDERSTAND BEFORE SIGNING.

I, _____, desire to participate in the _____ club sport program at Miami University during the _____ academic year. I understand the potential dangers involved in participating in this program, such as property damage or bodily injury. These injuries could include, but are not limited to, broken bones, abrasions, loss of vision, injury to or loss of use of limb(s) spine and neck injury, heart attack, _____ or death. I understand that there is also the potential for and risk of injury or death in traveling to and from events related to this club sports program.

In consideration for participating in this program, I agree to the following:

Assumption of Risk. I fully understand all of the risks and hazards involved in this program. I have carefully considered these risks and have voluntarily decided to participate in the program with knowledge of these potential dangers. I agree to accept any and all risks of injury arising directly or indirectly from my participation in the program.

Release. I agree, for myself, my administrators, personal representatives, executors, predecessors, successors, agents, heirs and assigns to release and hold harmless Miami University, its Board of Trustees, President, officers, agents, employees, assigns and other affiliates ("Affiliated Parties") from any present or future claim for physical or emotional injury, property damage or death arising directly or indirectly from my participation in the program, to the fullest extent permitted under law, including allegations or claims of negligence on the part of Miami University or any of its Affiliated Parties; provided, however, this Agreement does not apply to acts of gross negligence, willful or wanton conduct, or intentional conduct by Miami University or its Affiliated Parties.

Covenant not to Sue. I agree, for myself, my administrators, personal representatives, executors, predecessors, successors, agents, heirs and assigns not to sue, make or file any lawsuits, claims, proceedings or any other actions of any kind whatsoever against Miami University or the Affiliated Parties for bodily injury, property damage, or death sustained during my participations in the program to the fullest extent permitted under law, including allegations or claims of negligence on the part of Miami University or any one of its Affiliated Parties provided, however, this Agreement does not apply to acts of gross negligence, willful or wanton conduct, or intentional conduct by Miami University or its Affiliated Parties.

I have read this entire Agreement, including the attached Disclosure and Information on Risks, Hazards and Physical Stresses Associated with Athletic Activities, and I understand the potential dangers involved in engaging in this program. I am fully aware of the legal consequences of this Agreement and I agree to its terms. I represent and warrant that I am eighteen (18) years of age or older and have legal authority to execute this Assumption of Risk and Release of Liability Agreement. Students under age 18 must have parental approval or written signature, and approval of sports club office before participating in the program (see Parent Consent Form).

I UNDERSTAND THAT I AM RELEASING AND WAIVING CERTAIN RIGHTS AND ASSUMING THE RISKS OF INJURY, DEATH OR OTHER DAMAGES FROM MY PARTICIPATION IN THE PROGRAM.

Signature _____ Age _____ Date _____

Emergency Contact Information

Student Name (Print): _____ Student ID #: _____

Home Address: _____

Local Address: _____

Local Phone: _____ Email: _____

Emergency Contact 1 _____ Relationship _____

Home Phone _____ Daytime Phone _____ Cell Phone _____

Emergency Contact 2 _____ Relationship _____

Home Phone _____ Daytime Phone _____ Cell Phone _____

Disclosure of the emergency medical information below is voluntary and designed to assist medical personnel in the case of an emergency. Should you choose, list any allergies, dietary restrictions or medical conditions pertinent to your care if incapacitated. Any information provided is not guaranteed confidential and may be seen by team members or university administration.

Ohio Department of Health Concussion Information Acknowledgement

By signing this form I acknowledge receiving a copy of the concussion and head injury information sheet prepared by the Ohio Department of Health as required by section 3313.539 of the Revised Code. I understand concussions and other head injuries have serious and possibly long-lasting effects. By reading the information sheet, I understand I have a responsibility to report any signs or symptoms of a concussion or head injury to coaches, administrators and my doctor. I also understand that coaches, referees and other officials have a responsibility to protect the health of the student athletes and may prohibit me from further participation in athletic programs until I have been cleared to return by a physician or other appropriate health care professional.

Signature _____ Age _____ Date _____

Miami Club Sports – Code of Conduct

I understand that inappropriate conduct or actions, including misuse of facilities or equipment, while participating in any club related activity will jeopardize the status as a recognized club sport. Furthermore, club members who behave inappropriately or violate university policies, campus regulations, and state/federal laws will be subject to disciplinary action by the Director of Club Sports, Office of Ethics & Student Conflict Resolution and university administration. All club sport participants are expected to abide by the policies and regulations of the university and by federal, state, and local laws. The university policies regarding the use of alcohol and/or drugs will be strictly enforced. There is to be no consumption of alcohol at the activity site and no alcohol present before the activity or consumed in transit to or from the activity site. This rule applies to overnight trips during which alcohol is prohibited. Hazing or initiation rites, which endanger individuals physically or emotionally, or humiliate in any way, are strictly forbidden. Miami club sports are considered student organizations and thus are required to adhere to all ASG constitutional by-laws and policies set-forth by the Student Activities Office.

Signature _____ Age _____ Date _____

Return This Completed Form to the Club Sports Office, 108 Recreational Sports Center

THE REST OF THIS DOCUMENT IS TO BE KEPT BY THE PARTICIPANT

DISCLOSURE AND INFORMATION ON RISKS, HAZARDS AND PHYSICAL STRESSES ASSOCIATED WITH ATHLETIC ACTIVITIES

Every club sport activity that one engages in has risks, hazards and physical stresses associated with it. The following is a list of risks and hazards associated with club sport activity. The list is not intended to be all-inclusive; exclusion of hazard or risk does not negate its possibility. This information is intended to facilitate discussion between participants and organizers regarding the risks, hazards, and physical stresses associated with this program.

RESPONSIBILITIES OF PARTICIPANTS

By participating in a club sports program each participant acknowledges and agrees that he or she is responsible for his/her own health and safety and assumes the risks of participating in a club sports program. By electing to participate in a club sports program each participant is representing that he or she has assessed his or her own ability to participate in the program and been cleared by his or her medical and/or mental health professionals to participate in the club sports program activities. By participating in the club sports program each participant agrees to conform his or her behavior to sportsmanlike standards and to comply with all applicable rules of the sport, all university rules and regulations and all applicable laws. Each participant agrees to engage in safe practices, such as abstaining from the use of alcohol or drugs prior to, during participation, or upon return from any club sport activity. Likewise, each individual agrees to be solely responsible for his or her own actions and recognizes that the University assumes no responsibility for actions of any participant.

All club sport participants should understand that they are representatives of Miami University and their conduct reflects on the University's reputation. Club members are expected to display good sportsmanship and maintain a sense of fair play. Officials and opponents must be treated with the same respect and courtesy. Both on campus and off, club members must conduct themselves with high standards of professionalism and good sportsmanship. Club members who behave inappropriately or violate university policies, campus regulations, and state/federal laws may be subject to disciplinary action by the Director of Recreational Sports, Office of Ethics & Student Conflict Resolution as well as by University judicial action and criminal prosecution.

POSSIBLE INJURIES AND PRECAUTIONS

1. Loss of vision as a result of body or object contact. Wearing protective eye guards or other protective equipment can reduce this hazard.
2. Concussion, neck/spinal trauma, broken bones, loss of teeth, or other injury as a result of body or object contact. Maintaining adequate distance between you and other players, especially when playing doubles, team play, or participating may reduce this hazard.
3. Muscle pulls, cramps, sprains, strains, cuts, bruises or other injuries. Proper conditioning can reduce this hazard by stretching and warming up prior to play, by proper execution of strokes/skills, by using appropriate footwear, and by not playing on wet or slippery surfaces.
4. Dehydration. This hazard can be reduced by consumption of liquids before and during breaks in play or activity.
5. Death due to injury or to cardiovascular complications as a result of physical overexertion. This hazard can be reduced by not eating immediately before participation, by proper conditioning, by recognizing signs of fatigue, and by reacting responsibly to the various warning signs of cardiovascular distress.
6. Death, or other impairments, due to complications from traumas incurred during participation.

EACH CLUB SPORT ORGANIZATION MAY LIST ADDITIONAL SPECIFIC RISKS ASSOCIATED WITH THE PARTICULAR CLUB SPORT ACTIVITY.

7. _____
8. _____
9. _____
10. _____

PRECAUTIONS:

1. Participants are obligated to wear proper dress, such as tennis shoes, and to use the proper protective equipment, the participant must realize that he/she is doing so at his/her own peril and that injury may occur.
2. Should injury be incurred during participation in this activity an Injury Report Form must be filed with the Facility Supervisor or other individual representing the Office of Recreational Sports.
3. The injured party is responsible for all financial obligations incurred in any treatment necessitated by an injury. Because of this, participants are required (as are all students) to carry medical insurance. (see University Catalog)
4. Participants are responsible for discussing with the Student Health Service medical staff any known physical problems, which may limit participation in this program. **THIS SHOULD BE DONE BEFORE PARTICIPATION**
5. Participants are responsible for proper conditioning as a prerequisite for participation.
6. Program Coordinators should make proper arrangements for, or ask Facility Supervisors about, transportation of injured participants since medical facilities are removed from the immediate vicinity of most sports activity necessitating time to transport injured persons.

LIST BELOW OTHER PRECAUTIONS

7. _____
8. _____

This entire statement is for your protection. Should you have any questions regarding this statement, please contact the Club Sports Director at (513) 529 – 8179.

TRANSPORATION

I understand that the use of personal vehicles as transportation to club sports events is permitted by Miami University. However, I am under no obligation to use my own personal vehicle or to be the passenger of another club member/coach using a personal vehicle. If I opt to drive my own personal vehicle for a club sports related event, then I must complete a "Vehicle Owner Acceptance of Responsibility." If I opt to be a passenger in a personal vehicle, then I assume all risks associated with being a passenger in that vehicle. I understand that I am responsible for investigating and making all determinations regarding the capabilities, judgment and safety of the driver and the vehicle. Miami University does not assume any responsibility for such transportation.

Ohio Department of Health Concussion Information Sheet

For Interscholastic Athletics

Dear Parent/Guardian and Athletes,

This information sheet is provided to assist you and your child in recognizing the signs and symptoms of a concussion. Every athlete is different and responds to a brain injury differently, so seek medical attention if you suspect your child has a concussion. Once a concussion occurs, it is very important your athlete return to normal activities slowly, so he/she does not do more damage to his/her brain.

What is a Concussion?

A concussion is an injury to the brain that may be caused by a blow, bump, or jolt to the head. Concussions may also happen after a fall or hit that jars the brain. A blow elsewhere on the body can cause a concussion even if an athlete does not hit his/her head directly. Concussions can range from mild to severe, and athletes can get a concussion even if they are wearing a helmet.

Signs and Symptoms of a Concussion

Athletes do not have to be "knocked out" to have a concussion. In fact, less than 1 out of 10 concussions result in loss of consciousness. Concussion symptoms can develop right away or up to 48 hours after the injury. Ignoring any signs or symptoms of a concussion puts your child's health at risk!

Signs Observed by Parents of Guardians

- ◆ *Appears dazed or stunned.*
- ◆ *Is confused about assignment or position.*
- ◆ *Forgets plays.*
- ◆ *Is unsure of game, score or opponent.*
- ◆ *Moves clumsily.*
- ◆ *Answers questions slowly.*
- ◆ *Loses consciousness (even briefly).*
- ◆ *Shows behavior or personality changes (irritability, sadness, nervousness, feeling more emotional).*
- ◆ *Can't recall events before or after hit or fall.*

Symptoms Reported by Athlete

- ◆ *Any headache or "pressure" in head. (How badly it hurts does not matter.)*
- ◆ *Nausea or vomiting.*
- ◆ *Balance problems or dizziness.*
- ◆ *Double or blurry vision.*
- ◆ *Sensitivity to light and/or noise*
- ◆ *Feeling sluggish, hazy, foggy or groggy.*
- ◆ *Concentration or memory problems.*
- ◆ *Confusion.*
- ◆ *Does not "feel right."*
- ◆ *Trouble falling asleep.*
- ◆ *Sleeping more or less than usual.*

Be Honest

Encourage your athlete to be honest with you, his/her coach and your health care provider about his/her symptoms. Many young athletes get caught up in the moment and/or feel pressured to return to sports before they are ready. It is better to miss one game than the entire season... or risk permanent damage!

Seek Medical Attention Right Away

Seeking medical attention is an important first step if you suspect or are told your child has a concussion. A qualified health care professional will be able to determine how serious the concussion is and when it is safe for your child to return to sports and other daily activities.

- ◆ *No athlete should return to activity on the same day he/she gets a concussion.*
- ◆ *Athletes should **NEVER** return to practices/games if they still have ANY symptoms.*
- ◆ *Parents and coaches should never pressure any athlete to return to play.*

The Dangers of Returning Too Soon

Returning to play too early may cause Second Impact Syndrome (SIS) or Post-Concussion Syndrome (PCS). SIS occurs when a second blow to the head happens before an athlete has completely recovered from a concussion. This second impact causes the brain to swell, possibly resulting in brain damage, paralysis, and even death. PCS can occur after a second impact. PCS can result in permanent, long-term concussion symptoms. The risk of SIS and PCS is the reason why no athlete should be allowed to participate in any physical activity before they are cleared by a qualified health care professional.

Recovery

A concussion can affect school, work, and sports. Along with coaches and teachers, the school nurse, athletic trainer, employer, and other school administrators should be aware of the athlete's injury and their roles in helping the child recover.

During the recovery time after a concussion, physical and mental rest are required. A concussion upsets the way the brain normally works and causes it to work longer and harder to complete even simple tasks. Activities that require concentration and focus may make symptoms worse and cause the brain to heal slower. Studies show that children's brains take several weeks to heal following a concussion.



www.healthyohiprogram.org/concussion

What is a Concussion?

1. Be sure your child gets plenty of rest and enough sleep at night – no late nights. Keep the same bedtime weekdays and weekends.
2. Encourage daytime naps or rest breaks when your child feels tired or worn-out.
3. Limit your child's activities that require a lot of thinking or concentration (including social activities, homework, video games, texting, computer, driving, job-related activities, movies, parties). These activities can slow the brain's recovery.
4. Limit your child's physical activity, especially those activities where another injury or blow to the head may occur.
5. Have your qualified health care professional check your child's symptoms at different times to help guide recovery.

Returning to School

1. Your athlete may need to initially return to school on a limited basis, for example for only half-days, at first. This should be done under the supervision of a qualified health care professional.
2. Inform teacher(s), school counselor or administrator(s) about the injury and symptoms. School personnel should be instructed to watch for:
 - a. Increased problems paying attention.
 - b. Increased problems remembering or learning new information.
 - c. Longer time needed to complete tasks or assignments.
 - d. Greater irritability and decreased ability to cope with stress.
 - e. Symptoms worsen (headache, tiredness) when doing schoolwork.
3. Be sure your child takes multiple breaks during study time and watch for worsening of symptoms.
4. If your child is still having concussion symptoms, he/she may need extra help with school-related activities. As the symptoms decrease during recovery, the extra help or supports can be removed gradually.

Resources

ODH Violence and Injury Prevention Program
www.healthyohioprogram.org/vipp/injury.aspx

Centers for Disease Control and Prevention
www.cdc.gov/Concussion

National Federation of State High School Associations
www.nfhs.org

Brain Injury Association of America
www.biausa.org/

Returning to Play

1. Returning to play is specific for each person, depending on the sport. Ohio law requires written permission from a health care provider before an athlete can return to play. Follow instructions and guidance provided by a health care professional. It is important that you, your child and your child's coach follow these instructions carefully.
2. Your child should NEVER return to play if he/she still has ANY symptoms. (Be sure that your child does not have any symptoms at rest and while doing any physical activity and/or activities that require a lot of thinking or concentration).
3. Be sure that the athletic trainer, coach and physical education teacher are aware of your child's injury and symptoms.
4. Your athlete should complete a step-by-step exercise-based progression, under the direction of a qualified healthcare professional.
5. A sample activity progression is listed below. Generally, each step should take no less than 24 hours so that your child's full recovery would take about one week once they have no symptoms at rest and with moderate exercise.*

Sample Activity Progression*

Step 1: Low levels of non-contact physical activity, provided NO SYMPTOMS return during or after activity. (Examples: walking, light jogging, and easy stationary biking for 20-30 minutes).

Step 2: Moderate, non-contact physical activity, provided NO SYMPTOMS return during or after activity. (Examples: moderate jogging, brief sprint running, moderate stationary biking, light calisthenics, and sport-specific drills without contact or collisions for 30-45 minutes).

Step 3: Heavy, non-contact physical activity, provided NO SYMPTOMS return during or after activity. (Examples: extensive sprint running, high intensity stationary biking, resistance exercise with machines and free weights, more intense non-contact sports specific drills, agility training and jumping drills for 45-60 minutes).

Step 4: Full contact in controlled practice or scrimmage.

Step 5: Full contact in game play.

*If any symptoms occur, the athlete should drop back to the previous step and try to progress again after a 24 hour rest period.



Ohio Department of Health
Violence and Injury Prevention Program
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(614) 466-2144

www.healthyohioprogram.org/concussion