

FERRIS STATE UNIVERSITY

UNIVERSITY RECREATION

CLUB SPORTS PROGRAM: RISKS, HAZARDS, AND PHYSICAL STRESSES

Every activity that one engages in has certain risks and hazards associated with it. The following is a list of risks, hazards, and physical stresses associated with the club sports program in which you have chosen to participate. The list is not intended to be all-inclusive: exclusion of a hazard or risk does not negate its possibility.

HAZARDS

1. Loss of vision as a result of being struck with a ball – Wearing a protective eye guard or other protective equipment can reduce this hazard.
2. Concussion, neck/spinal trauma, broken bones, loss of teeth, or injury as a result of body or object contact – This hazard may be reduced by wearing appropriate protective equipment and maintaining adequate distance between yourself and other players, especially when playing double, during team play, or while participating in a lesson or clinic.
3. Death or various injuries as a result of a traffic accident when traveling for a club activity – This hazard can be reduced by following traffic laws and proper driving practices or insisting that your driver do the same.
4. Death or various injuries as a result of weather conditions – (i.e., lightning, hail, wind) – stopping the activity and taking proper care when a storm appears likely can reduce this hazard.
5. Dehydration – This hazard can be reduced by consumption of liquids during breaks in play or activity.
6. Heat stroke – This hazard can be reduced by not playing or reducing your level or exertion during hot weather.
7. Muscle pulls, cramps, sprains, strains, cuts, bruises or other injuries during normal activity – This hazard can be reduced by proper conditioning, by warming up and stretching (static) prior to play, by proper execution of strokes/skills, by using appropriate footwear and by not playing on wet or slippery surfaces.
8. Death due to cardiovascular complication 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.

PARTICIPANT RESPONSIBILITIES

Each participant recognizes that each person must always be responsible for his/her own well being and the well being of the group that he/she is a part. Each participant shares with the other participants the concerns and responsibilities of safety and agrees to follow safe procedures and to avoid unnecessary, hazardous situations, whether or not those situations have been specified. Each person accepts responsibility for the outcome of situations resulting when his/her actions are beyond the generally accepted practices for safety in the activity, such as use of alcohol prior to or during participation. Likewise, each individual accepts responsibility for actions that are outside the bounds of public law, such as use or possession of illegal drugs.

PRECAUTIONS

1. Participants are responsible for discussing with the Health Center medical staff or with their family doctor any known physical problems, which may limit participation in this program. Physical check-ups should be done before participation.
2. Participants are obligated to wear the proper dress, such as tennis shoes, and to use appropriate protective equipment. If the participant chooses not to use such equipment, the participant must realize that he/she is doing so at his/her own risk.
3. Should an injury be incurred during participation in this activity, an Injury Report Form must be filed with the University Recreation office within 48 hours.
4. The injured party is responsible for all financial obligations incurred in any treatment necessitated by any injury. Participants are encouraged to carry some form of health care insurance. Personal health insurance is required for all competitive club members who will travel off campus to participate in club related activities. Personal health insurance is also required for members of the following clubs: archery, baseball, ice hockey, lacrosse, racquetball, rugby, skiing, soccer, volleyball, wrestling, all martial arts clubs, and all water related activity.
5. Participants are responsible for proper conditioning as a prerequisite for participation.

This entire statement is for your protection. Should you have any questions regarding this statement, please contact the Assistant Director for University Recreation in SRC 101, Student Recreation Center.

My signature below indicates that I have read all of the material on the previous page and fully understand the RISKS, HAZARDS, and PHYSICAL STRESSES as they apply to this activity.

I, _____, a member of the _____

Please Print Name

Club Name

a recognized student organization, have read the statement of risks, hazards, and physical stresses to which I will expose myself by participating in this club sports program. I understand the risks of my participation and have carefully considered those risks. In consideration of the right to participate in this program, and further consideration of the University's obtaining releases for my protection from other participants in such program, I do hereby release Ferris State University, its Trustees, officers, officials, agents, employees, and all persons participating in such program from any responsibility or liability for personal injury or property damage sustained by me during or because of participating in the activities of the organization shown above. If the undersigned is a minor (under 18 years of age), then the signature of a parent or guardian appearing in the space indicated below signifies acceptance by said parent or guardian the terms and conditions hereof shall be binding upon them and shall constitute a release by them of any and all claims, demands, and causes of action, whatsoever, which they may have against Ferris State University, its Trustees, officers, officials, agents, employees, or persons participating in such program as a result of the undersigned club member's participation in the activities described.

Signatures (Parent/Guardian if member is a minor) Signature of Member Date

Health Insurance Company Student I.D. Number

Policy # Male Female Age

Student Faculty Staff

Local Address City Zip

Local Phone Number

RETURN TO THE UNIVERSITY RECREATION OFFICE, SRC 101, STUDENT RECREATION CENTER