

UCONN AVERY POINT ATHLETICS

RECREATIONAL SPORTS

INFORMED CONSENT AND RELEASE FROM LIABILITY

I hereby attest that I do not suffer from any heart, lung, or other medical condition, including issues with any joints, or disease that might in any way hinder or prevent me from participating in recreational team sport activities offered at University of Connecticut Avery Point facilities ("Activity").

I understand that participation in the Activity may include strenuous physical activities including, but not limited to: stretching, jumping, running, other forms of exercise, and physical contact with other participants or the ground.

I assume all responsibility and risk that may arise from or in connection with this Activity, including but not limited to: strains, sprains, bruises, broken bones, concussions, other physical injuries, accidents, illness, property loss or even death. I understand that participation in this Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries.

I understand that the University of Connecticut does not require me to participate in this Activity, but wish do so from my own free will, despite the possible risks and despite this RELEASE.

In consideration of my participation in the Activity and any other assistance provided to me by the University of Connecticut in this Activity, it is my express intent to indemnify and hold the University of Connecticut and its respective officers, directors, employees, agents, and successors ("University") and the State of Connecticut harmless, herein releasing the University and the State of Connecticut from any and all liability, claims and/or actions whatsoever that may arise from injury or harm to me, either from death or from damage to property, in connection with this Activity. I understand that this RELEASE and hold harmless agreement shall bind my family and spouse, if I am alive, as well as my estate, family, heirs, administrators, personal representatives or assigns, if I am deceased, and shall be deemed as a "Release, Waiver, Discharge and Covenant" not to sue the University of Connecticut or the State of Connecticut.

I have read the entire RELEASE, I fully understand it and I agree to be legally bound by it.

THIS IS A RELEASE OF YOUR RIGHTS. READ CAREFULLY BEFORE SIGNING.

I have read this entire RELEASE, I fully understand it and I agree to be legally bound by it.

Participant's Signature: _____ Date: _____

Participant's Name: _____

If Participant is under 18 years old:

Parent/Guardian's Signature: _____ Date: _____

Parent/Guardian's Name: _____

By printing and signing my name, I attest that I am the parent and/or legal guardian of the participant, that I am authorized to act on behalf of and legally bind the participant and that the signature or agreement of another parent/guardian is not required.

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HEALTH SCREENING QUESTIONNAIRE

YES NO

		1. Has your doctor ever said you have heart trouble and recommended only medically-approved physical activity?
		2. Do you have chest pain brought on by physical activity?
		3. Have you experienced chest pain at rest in the last month?
		4. Have you felt faint, lost consciousness, or your balance as a result of dizziness?
		5. Do you have a bone or joint problem that could be aggravated by physical activity or made worse with exercise?
		6. Is your physician currently prescribing medication for blood pressure or a heart condition? (e.g. diuretics or water pills)
		7. Are you over the age of 45 and not accustomed to vigorous exercise?
		8. Do you have diabetes?
		9. Do you have any respiratory problems such as emphysema, asthma, or chronic bronchitis?
		10. Are you aware, through your own experience or your doctor's advice, of any other reason against your exercising without medical approval?

In addition to the questions stated above, it is necessary to obtain medical clearance by a licensed physician if you possess any of the following:

1. You have known cardiovascular, pulmonary, or metabolic disease, regardless of age.
2. You are over the age of 35 with any one or a combination of the following:
 - a. High blood lipid profile (TCH/HDL ratio above 4);
 - b. Cigarette smoking;
 - c. Abnormal electrocardiogram (ECG/EKG);
 - d. A family history of cardiovascular disease prior to the age of 50; or
 - e. Physical inactivity for at least one year.

I have read and understood this screening questionnaire and will consult with my physician before engaging in any exercise activity if the answer to any of the above questions is positive.

Name (Print)

Date

Signature