

Old Dominion University Recreation & Wellness
Acknowledgement of Risk & Consent to Treat Form

ACKNOWLEDGEMENT OF RISK

I understand that there is a degree of risk in the activities and programs of Old Dominion University Recreation and Wellness "SRC" and to use its facilities, equipment, and machinery including muscle strain and tearing, cartilage and tendon damage, injury to bones and spine, problems due to elevated heart rates and breathing that could result in injury, permanent injury or even death. I further understand that it is my responsibility to cease physical activity before I over exert myself. I understand that in some instances I will be encouraged to improve prior performance, but I accept the responsibility to decline to perform activity that may overexert or injure me and I assume the risk in all instances.

I understand that I am aware that strength, flexibility, and aerobic exercise, including the use of equipment, are potentially hazardous activities. I also understand that fitness activities involve a risk of injury and even death and that I am voluntarily participating in these activities and assume and accept any and all risks of injury or death.

I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in any of the activities and programs of the SRC or use of equipment or machinery except as hereafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and use of exercise and training equipment so that I may have recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate in activity and/or use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.

CONSENT TO TREATMENT AND DISCLOSURE OF INFORMATION

Consent is hereby granted to Old Dominion University Department of Recreation and Wellness consulting physician to render to me (or to my son or daughter if under 18 years of age) any treatment or medical or surgical care that they deem reasonably necessary to preserve and/or improve my health and well-being (or the health and/or well-being of my son or daughter).

I also hereby authorize the athletic trainers within the Old Dominion University Department of Recreation and Wellness, who are under the direction and guidance of a team physician, to render to me (or to my son or daughter if under 18 years of age) any preventive, first aid, rehabilitative or emergency treatment that they deem reasonably necessary to preserve and/or improve my health and well-being (or the health and/or well-being of my son or daughter).

Authorization and consent is hereby granted to Old Dominion University Department of Recreation and Wellness including its Athletic Training Services staff, health care professionals, and consultants to obtain and release health information and records for treatment, payment, and operations purposes. I understand and agree that information about my injury/condition may be disclosed to staff and personnel of the Department of Recreation and Wellness in relation to my participation in any physical activity.

