

ILLINOIS STATE UNIVERSITY
DEPARTMENT OF RECREATION SERVICES AND UNIVERSITY GOLF COURSE
Informed Consent

Please sign this statement after reading the following paragraphs

Understanding that all Department of Recreation Services and University Golf Course facilities and activities are University sponsored, I hereby agree to abide by all University regulations as specified in the Student Code of Conduct and all rules presented by the Department of Recreation Services and University Golf Course staff members, either written or verbal, for the use of their facilities. Furthermore, I understand that failure to abide by these regulations is grounds for possible restrictions on my use of the Department of Recreation Services and University Golf Course facilities and /or loss of all recreation privileges. I also understand that the Department of Recreation Services and University Golf Course reserves the right to refer any disciplinary matter to the ISU police for a disciplinary sanction separate and distinct from any loss of privileges applied by the the Department of Recreation Services and University Golf Course staff.

I understand that the possibility of injury does exist when participating in the Department of Recreation Services and University Golf Course activities. These activities consists of various phases designed to measure my functional fitness capacity. the Department of Recreation Services and University Golf Course reserves the right to require a doctors approval before any services can be administered. the Department of Recreation Services and University Golf Course also reserves the right to refusal of any services when there is incidence of risk. These services consist of a series of evaluations to measure flexibility, body composition, muscular strength and endurance, and cardiorespiratory endurance. I recognize that possible injuries range from bruises, muscle strain and sprain to more severe injuries such as broken bones, concussions, dislocations and perhaps even those classified as catastrophic injury.

I acknowledge my awareness that in the event of injury, no compensation is available from the Department of Recreation Services and University Golf Course, Illinois State University, the Board of Regents, or the State of Illinois, their members, agents or employees. My responsibility to obtain proper insurance or pay all charges associated with the accident is hereby confirmed.

I, the undersigned, being aware of my own health and physical conditioning, and having knowledge that my participation in this program and fitness testing procedures may be injurious to my health have read the above statement and understand its content. My signature below confirms my reading and comprehension of the statement provided by the Department of Recreation Services and University Golf Course. I sign this statement of my own free will and for the purpose of participating in activities sponsored or promoted by the Department of Recreation Services and University Golf Course of Illinois State University.

Signature

Date