

Please read the following sections carefully: (If you are under 18 years of age, your parents must also initial and sign this form). Requires: 1) Initials at the end of each section, and 2) Signature at the bottom of the form that you have read, understand and agree to the information/statements provided. If you should choose to refuse to initial/sign any of these sections, please write "Refuse to Sign" next to the appropriate section.

Please note that you will be unable to participate in Intercollegiate Athletics at Ashford University if you refuse to initial Part I – Assumption of Risk, Release and Waiver of Liability, and Indemnity and/or Part II – Medical Consent.

Part I: Assumption of Risk, Release and Waiver of Liability, and Indemnity

In consideration of being permitted to participate in Intercollegiate Athletics at Ashford University, I, the undersigned, hereby agree as follows:

I hereby acknowledge and agree that I understand the nature of the Intercollegiate Athletics that I will be participating in at Ashford University; I am aware that there are certain risks and dangers associated with participating in Intercollegiate Athletics at Ashford University, including risks of illness, injury, and death; and I knowingly and voluntarily accept and assume responsibility for all such risks and dangers that could arise out of, or occur during, my participation in Intercollegiate Athletics at Ashford University, even if such risks and dangers arise in whole or in part from the negligence of Ashford University and/or its employees, agents, and representatives.

I hereby warrant that I am qualified, in good health, and in proper physical condition to participate in Intercollegiate Athletics at Ashford University.

I hereby release and forever discharge Ashford University and its past, present, and future officers, directors, partners, shareholders, members, managers, agents, employees, successors, subsidiaries, parents, assigns, representatives, attorneys, affiliates, heirs and insurers, from any and all liability, loss, damages, costs, claims and/or causes of action resulting from any accident, illness, bodily harm, personal injury, death, and/or property loss, however caused, arising from or in any way related to my participation in Intercollegiate Athletics at Ashford University, including losses caused in whole or in part by the negligence of Ashford University and/or its employees, agents, and representatives. Further, and to the same extent and scope, I release said parties from any claim whatsoever that may be attributable to the receipt of first aid or other medical treatment rendered to me in connection with my participation in Intercollegiate Athletics at Ashford University.

I hereby agree to indemnify and hold harmless Ashford University and its past, present, and future officers, directors, partners, shareholders, members, managers, agents, employees, successors, subsidiaries, parents, assigns, representatives, attorneys, affiliates, heirs and insurers, from any and all claims, demands, lawsuits, liabilities, damages, expenses (including reasonable attorney fees), and/or costs arising out of or related to my participation in Intercollegiate Athletics at Ashford University.

I have read this Assumption of Risk, Release and Waiver of Liability, and Indemnity Agreement in its entirety and understand and agree to its terms. (_____ initial)

Part II: Medical Consent

I authorize the Ashford University certified athletic trainers to provide me with any preventative, first-aid, rehabilitative, or emergency treatment deemed necessary to my health and well-being as a result of injuries or other medical conditions occurring as the result of or during Ashford University Intercollegiate Athletic activities.

I give permission for medical information to be released and discussed with the Ashford University certified athletic training staff and designated team physicians.

If reasonably necessary to provide the care described in the preceding paragraphs, I grant permission to Ashford University officials to authorize my admission to a hospital or other facility that provides said treatment.

I have read this Medical Consent in its entirety and understand and agree to its terms. (_____ initial)

Part III: Student Athlete Authorization/Consent for Disclosure to the National Association of Intercollegiate Athletics (NAIA)/Midwest Collegiate Conference (MCC)/Media Outlets

I hereby authorize Ashford University and its certified athletic trainers to disclose any information regarding any injury or illness during my training for and participation in Intercollegiate Athletics to the NAIA/MCC/media outlets and their employees or agents. I understand and agree that by signing this authorization, I am waiving my rights of nondisclosure of any information regarding any injury or illness during my training for and participation in Intercollegiate Athletics to the NAIA/MCC/media outlets and their employees or agents. I hereby release and hold Ashford University harmless from any and all claims and liabilities that may arise from these instructions. I also understand that I am not required to initial Part III of this authorization/consent in order to be eligible to participate in the NAIA/MCC athletics. (_____ initial)

I understand that I have the right to revoke all or any part of the above at any time by sending written notification to the Ashford University Athletics Director. I understand that a revocation is not effective to the extent action has already been taken in reliance on this authorization/consent. I have read and fully understand the Ashford University Intercollegiate Athletic program requirements and all information supplied is accurate and current to the best of my knowledge.

Student's Signature: _____ Date: _____

If under 18 years of age, parent/guardian signature: _____ Date: _____

Please list all intercollegiate sports in which you may participate: _____