

The University of Akron All-ages Open Meet Waiver Form

Emergency Medical Authorization

I am aware of the risks, hazards and inherent dangers that may arise due to my child's participation in the University of Akron Open All-ages track & field meet at The University of Akron. (collectively referred to as the "UNIVERSITY").

In consideration for being allowed to participate in said activity, I hereby release, waive and discharge UNIVERSITY, its instructors, agents, and employees from every claim, liability or demand of any kind sustained, whether caused by negligence of the UNIVERSITY or otherwise. This release shall be binding upon any heirs, administrators, executors and assigns of mine.

I further agree to indemnify the UNIVERSITY from any loss, liability, damage, or cost they may incur due to my participation in said activity in any way whether caused by the UNIVERSITY or otherwise.

In the event of illness or injury resulting or arising directly or indirectly out of said activity, I hereby give my consent and authorization for (1) the administration of emergency first aid care and treatment at the scene of the emergency by faculty, staff members or volunteers of the UNIVERSITY or (2) the administration of any treatment deemed necessary by a licensed physician or dentist and (3) the transfer to any hospital reasonably accessible. The authorization is not intended to cover major surgery unless the medical opinions of two (2) licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. I further declare and warrant that I am covered by sufficient medical and dental insurance and that such insurance will remain in effect during my child's participation in said activity.

Participant's Name

Signature of Parent or Guardian

Date