



DELTA GAMMA FRATERNITY MEDICAL WAIVER AND RELEASE OF LIABILITY

Name of Participant: _____

Phone: _____

Address: _____

Date of Birth: _____

Email: _____

Emergency Contact: _____

Phone for Contact: _____

Team/Chapter Affiliation: _____

Name of Event: _____

I hereby represent and certify that I have the required level of physical fitness to participate in Delta Gamma activities, have sufficiently prepared or trained for participation in the activity or event, and have not been advised to refrain from participating by a qualified medical professional. I certify that there are no health-related reasons or problems that preclude my participation in this activity or event.

1. I acknowledge that this Medical Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity or event in which I may participate, and that it will govern my actions and responsibilities at said event or activity.
2. It is understood that by signing this waiver and release, I agree to abide by the rules and regulations of the above-mentioned organizations and events. It is also understood that signing this waiver and release releases Delta Gamma Fraternity, its chapters, and the Delta Gamma Foundation from liability. It is further understood that signing this waiver and release releases Delta Gamma Fraternity's and Delta Gamma Foundation's members, employees, officers, volunteers, agents, sponsors, judges, coaches, and managers, from liability in connection with any injury or death to the above-named participant.
3. I hereby consent to receive medical treatment which may be deemed advisable in the event, of injury, accident, and/or illness during this activity or event.

Warning and Assumption of the Risk

I am aware that playing or practicing to play/participate in any sport can be a dangerous activity involving many risks of injury. I understand that the dangers and risks of playing or practicing to play/participate in the above-mentioned event include, but are not limited to death, serious neck and spinal injuries which may result in complete or partial paralysis, injury to virtually all bones, joints, ligaments, muscles, tendons and other aspects of the skeletal system, and serious injury or impairment to other aspects of my body, general health, and wellbeing. I understand that the dangers of playing or practicing to play/participate in the above-mentioned event may result not

only in serious injury, but in serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally enjoy my life.

Acknowledgment of Warning and Assumption of the Risk

I knowingly and freely assume all such risk, both known and unknown, even those arising from the negligent acts or omissions of others and assume full responsibility for my participation. I, _____, hereby acknowledge that I have been properly advised, cautioned, and warned by the proper personnel facilitating this activity and/or through this document, that by participating in such event, I am exposing myself to the above-described risks.

Date _____
Signature of Participant _____

Date _____
Signature of Witness _____

General Release of Liability and All Claims

In consideration of the permission granted me by Delta Gamma Fraternity/Foundation to participate in Delta Gamma activities, I hereby, for myself and on behalf of my heirs, assigns, personal representatives, administrators, executors, and next of kin, release, agree to hold harmless, and discharge Delta Gamma Fraternity, its chapters, the Delta Gamma Foundation, Delta Gamma Fraternity's and Delta Gamma Foundation's members, employees, officers, volunteers, agents, sponsors, judges, coaches, and managers, from any and all liability in connection with any and all injury or disability to me, or death, including personal injuries or death caused by negligence, or otherwise, known or unknown, and injuries to property, real or personal, caused by, or arising out of the above described event.

I, the undersigned, have read this General Release of Liability and fully understand all its term, and understand that I have given up substantial rights. I execute it freely, voluntarily, and without any inducement and with full knowledge of its significance.

Date _____
Signature of Participant _____

Date _____
Signature of Witness _____