



TIFFIN UNIVERSITY **CLUB & RECREATIONAL SPORTS**

Student / Parent Consent and Waiver of Responsibility

(Please Return to Advisor Upon Completion)

In consideration of Tiffin University Club & Recreational Sports acceptance of _____ as a student in Club & Recreational activities for the period of the academic year, it is agreed that all risks attendant to watching and/or participating in recreational activities, including, but not limited to bodily injury are assumed by the student and his parents and/or legal guardian. This assumption is acknowledged, approved, and agreed to by said student and his parents and/or legal guardian as indicated by their signature hereto. Tiffin University will not be financially responsible for injuries/accidents occurring during contests or practices.

I hereby certify the named student is physically able to participate in Tiffin University Club & Recreational activities and that I know of no physical impairments which would in any manner limit his/her participation in such a program.

I hereby grant permission for physicians, dentists, other licensed health care providers and their designees employed by Tiffin University to administer outpatient medical, surgical, or dental services as appropriate, or necessary antigens or other injections, to perform emergency procedures as necessary or to refer to duly licensed medical personnel when indicated.

Student's Name (please print)

Date

Student's Signature

Date

Parent or Legal Guardian Signature (if under age of 18)

Date

www.tiffin.edu

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