

**RISK ACKNOWLEDGEMENT AND
CONSENT TO PARTICIPATE
-- INFORMED CONSENT--
CSU DOMINGUEZ HILLS**

Read carefully and fill in all blanks. Completed form must be given to activity sponsor before participating.

Name: _____ Date of Birth: _____

I wish to participate in _____

At the following location(s) _____

During the following date(s): _____

I realize that the risks involved with my participation include: _____

I also understand that these risks include a full range of injuries from minor to severe or that I may suffer other serious, permanent disability as a result of my participation in this activity. I will follow all safety rules, procedures and instruction for this activity. I agree to accept these risks as a condition of my participation.

Printed Name of Participant _____ Date _____

Participant Signature _____

Emergency Contact Information:

Name _____ Phone Number _____

Doctor's Name _____ Phone Number _____

*Any individual under the age of 18 who wishes to participate in the above activity **MUST** complete the following **BEFORE** taking part in the activity listed above.*

Name of Parent / Legal Guardian: _____

Signature of Parent/Legal Guardian _____

Date _____