

## **ACTIVITY CLASS INFORMED CONSENT**

**The following statement is to be read carefully by individuals who are enrolled in and/or participating in campus activities supervised by Binghamton University, Department of Health and Wellness Studies staff.**

*There is an inherent risk involved in ACTIVITY based classes such as injury or death related to contact with equipment and/or other persons, slips, falls, or any other unforeseen possibility.*

*I assume upon myself any of the risks that may be attendant upon my choice of participation in these Binghamton University classes. I agree to save and hold harmless the State University of New York for any injuries or problems that might arise as a result of any accidents.*

*I understand the description of these inherent risks is not complete and that other unknown or unanticipated inherent risks may result in injury or death. I agree to assume and accept full responsibility for the inherent risks identified herein and those inherent risks NOT specifically identified.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Course:** \_\_\_\_\_ **Section:** \_\_\_\_\_ **Semester:** \_\_\_\_\_

**Name (Printed):** \_\_\_\_\_  
*Last First MI*

**Permanent Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** ( ) - \_\_\_\_\_ **Email:** \_\_\_\_\_ @ \_\_\_\_\_