

The College of Wooster

Checklist for Traveling

Send completed Student Organization Travel Itinerary to staff in Lowry Center and Student Activities one (1) week prior to departure.

Send Organization Travel Roster to staff in Lowry Center and Student Activities one (1) week prior to departure.

If renting vehicles from the school, email the Transportation Department with the number of vehicles that are required and names of drivers ten (10) business days before departure, and carbon copy staff in Lowry Center and Student Activities on the email.

Check with Staff in Lowry Center and Student Activities to verify that each member traveling has submitted a Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement and Emergency Contact/Medical Form.

** These forms were due before the beginning of your season*



Emergency Contact/Medical Information

Complete this form once per academic year unless there are changes

In case of a medical emergency, call Security & Protective Services at (330) 287-3333 IMMEDIATELY and request that they contact the Dean on Call.

Name of Participant: _____ Student ID #: _____

Organization: _____

Two People to Contact in Case of Emergency

Name _____

Name _____

Relationship _____

Relationship _____

Address _____

Address _____

City/State _____

City/State _____

Home Phone _____

Home Phone _____

Work Phone _____

Work Phone _____

Medical Information

Attach a photocopy of proof of insurance

Name of Participant as shown on insurance card _____

Insurance Company Name _____

Address of Insurance Company _____

Ins. Co. Phone _____ Subscriber & Relation to You _____

Group number _____ ID number _____

Date of Birth _____

Allergies _____

Serious Medical Conditions, Major Surgeries, Medical History We Should Know About _____

(Use the back of form for additional information)

Current Prescriptions, Dosages, and Prescribing Doctor _____

Do you wear contact lenses? _____

Primary Doctor

Dentist

Name _____

Name _____

Address _____

Address _____

City/State _____

City/State _____

Phone _____

Phone _____

A completed copy of this form for each participant must be left at the Lowry Center and Student Activities Office and one copy should be taken with the group leader. The group leader should also have a copy of each participant's health insurance card. If they only have College insurance, request a copy of the necessary information from Longbrake Student Wellness Center.

THE COLLEGE OF
WOOSTER

Club Sports Activities

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK
AND INDEMNITY AGREEMENT**

The College of Wooster allows Participants to participate in certain Participant and club activities that are inherently dangerous in nature (“Activity”). As with any activity or program involving exposure, physical contact, physical exertion, bodies of water, heights, exposure to chemicals/hazardous materials, etc., certain risks are inherent to personal health, safety and/or property therewith. It is The College of Wooster’s policy that individuals will not be permitted to participate in the Activity unless he or she is willing to accept the associated inherent risks and execute this waiver of liability pertaining to those risks.

I, _____ (“Participant”), (or on behalf of my minor child) hereby acknowledge that I have (or may during this Academic Year) voluntarily elected to participate in the “Activity”, _____ (Activity) from _____ (Academic Year). I acknowledge that my participation and use is elective and voluntary. I further hereby acknowledge that I have permission to use, today and during this Academic Year, The College of Wooster’s facilities and those facilities the club has specifically obtained permission from the institution to use for the Activity.

In consideration for being permitted by the College of Wooster to participate in the Activity which may include inherently dangerous activities that result in exposure, physical contact, physical exertion, bodies of water, heights, exposure to chemicals/hazardous materials, etc., certain risks are inherent to personal health, safety and/or property, I hereby acknowledge and agree to the following:

MANDATORY:

I, _____ (“Participant”) (or on behalf of my minor child), hereby acknowledge that I am required to participate in the following course of study/activity at The College of Wooster, mandatory club sports trainings. I further hereby acknowledge that I have permission to use, today and during this Academic Year, The College of Wooster’s facilities and those facilities the club has specifically obtained permission from the institution to use for the Activity.

PROMOTIONAL RIGHTS: As a condition of my participation, I hereby grant The College of Wooster the right to use, for promotional purposes only, any photographs of me taken by The College of Wooster, its employees or agents, during my participation in the Activity. I further understand and agree that The College of Wooster may use (for marketing purposes) any statements or quotes attributed to me in my evaluation of the Activity.

RULES AND REQUIREMENTS: I agree to conduct myself in accordance with The College of Wooster’s policies and procedures, including The Scot’s Key which can be located on The College of Wooster’s website at the following link: <https://www.wooster.edu/media/files/students/dean/scotskey.pdf#search=scot%27s%20key>. I further agree to abide by all the rules and requirements of the Activity that is outlined in the club sports manual <https://www.wooster.edu/students/organizations/sports/> and the rules listed in The Scot’s Key. I

acknowledge that The College of Wooster has the right to terminate my participation in the Activity if it is determined that my conduct is detrimental to the best interests of the group, my conduct violates any rule of the Activity, or at The College of Wooster's discretion. Likewise, I acknowledge that The College of Wooster has the right to terminate my use of its Facilities if it is determined that my conduct is detrimental to the Facilities or others using the Facilities, my conduct violates any rule of the Facilities, or at The College of Wooster's discretion.

INFORMED CONSENT: I have been informed of and I understand the various aspects of the Activity and use of the Facilities. I understand that as a Participant in the Activity and user of the Facilities, I will engage in physical activities that involve or may involve inherently dangerous activities in which I could sustain _____ (List any unique risks), including but not limited to serious bodily injuries including serious injury to virtually all bones, joints, muscles, and internal organs, cardiac problems, brain damage, illness, damage, or even death as a consequence, and that protective equipment or preventative measures may be inadequate to prevent serious injury. These serious personal injuries and possible death may not only be a consequence of Releasees' (as defined herein) actions, inactions, negligence or fault, but also the actions, inactions, negligence or fault of others, conditions of equipment used, facility conditions, weather conditions, negligent first aid operations and procedures, and other risks not known to me or not reasonably foreseeable at this time. I further understand and agree that any injury, illness, damage, disability, or death that I may sustain by any means is my sole responsibility, except as explicitly specified in this Agreement.

I further understand that the Activity in which I am participating involves or may involve inherently dangerous activities in which I could sustain _____ (List any unique risks), including but not limited to serious personal injuries including concussions, cardiac problems, illness, damage, or even death as a consequence. These injuries may be the result of my own actions or inactions or those of others, conditions of equipment used, facility conditions, weather conditions, negligent first aid operations and procedures, and other risks not known to me or not reasonably foreseeable at this time. I further acknowledge that I have read and understand the NCAA Concussion Fact Sheet and am aware of the following information:

1. A concussion is a brain injury for which I am responsible for reporting to The College of Wooster's health care provider.
2. A concussion can affect my ability to perform everyday activities, including reaction time, balance, sleep, concentration and classroom performance.
3. It is my responsibility to report to The College of Wooster's health care provider if I receive a blow to the head or body and experience signs or symptoms of a concussion, which may include: headache, blurred vision, weakness in one arm or leg, loss of consciousness, stumbling, loss of balance, nausea/vomiting, confusion, memory loss, or change in personality (including irritability and depression). I will report this immediately or as soon as I am physically able to do so.
4. I may notice some symptoms of a concussion immediately, but other symptoms may show up hours or days after the initial injury. It is my responsibility to immediately report any delayed signs or symptoms to The College of Wooster's health care provider.
5. If I suspect a participant has a concussion, I am responsible for immediately reporting the injury to The College of Wooster's health care provider.
6. I will not return to play in the Activity if I have received a blow to the head or body that results in concussion-like symptoms until I am cleared by The College of Wooster's health care provider.
7. Following a concussion, the brain needs time to heal. I am more likely to have a repeat concussion if I return to the Activity before my symptoms resolve. In rare cases, repeat concussions can cause permanent brain injury or death. Because of this, I understand it is important to immediately and accurately report my signs and/or symptoms if I have been diagnosed with a concussion.

I further understand that the Activity in which I am participating involves or may involve bodies of water/a swimming pool. I am aware that any contact with bodies of water/a swimming pool involves certain risks, including but not limited to: _____ (List any unique risks), death, drowning, or other personal injury as a result of the area's conditions, the acts of third parties or other unknown safety hazards, diving injury, skin, eye, lung and ear irritation, injuries resulting from loss of balance and footing on aquatic surfaces, injuries resulting from lack of oxygen, injuries due to conditions of equipment, unpredictability of weather and the water conditions, wildlife, first aid operations or procedures of Releasees (as defined herein) and/or others, and that there may be other risks not known to me or not reasonably foreseeable at this time.

Risk provision for Participant activities that involve DOMESTIC OVERNIGHT TRAVEL and are NOT INHERENTLY DANGEROUS

ASSUMPTION OF RISKS: I understand and acknowledge that there are potential dangers incidental to my participation in, and travel for, the Activity, including risks of damage, bodily injury, illness, disability, and possibly death as described throughout this Agreement. The risks may result from the acts of others, from use of transportation and overnight accommodations, or organization of or unavailability of emergency medical care. I understand that these potential risks include but are not limited to: travel to and from The College of Wooster by means of common carriers, vehicles owned by The College of Wooster, personal vehicles when permissible and/or local transportation to and from the _____ (SPECIFY SITE), weather conditions, facility conditions, equipment conditions, negligent first aid operations or procedures of Releasees (as defined herein), and that there may be other risks not known to me or not reasonably foreseeable at this time.

I KNOWINGLY AND VOLUNTARILY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE ACTS OF THE RELEASEES, UNLESS THE RISKS SOLELY ARISE FROM THE RELEASEES' (AS DEFINED HEREIN) NEGLIGENCE, GROSS NEGLIGENCE OR INTENTIONAL MISCONDUCT and I assume full responsibility for my participation in the Activity.

Use this Assumption of Risk provision for Participant activities that include BOTH DOMESTIC OVERNIGHT TRAVEL AND INHERENTLY DANGEROUS ACTIVITIES

ASSUMPTION OF RISK: I understand and acknowledge that there are potential dangers incidental to my participation in the Activity, including risks of damage, bodily injury and possibly death as described throughout this Agreement. The risks may result from the activity itself, from the acts of others, from use of the equipment, or organization of or unavailability of emergency medical care. I understand that there are risks attendant to physical activities associated with the Activity and that there are potential dangers which may expose me to the risk of personal injuries, damage, or even death. In addition, I understand that participation in the Activity involves activities incidental thereto, including, but not limited to, travel to and from the site of the Activity, overnight travel and accommodation, participation at sites that may be remote from available medical assistance, and the possible reckless conduct of other participants. I understand that these potential risks include, but are not limited to: travel to and from The College of Wooster by means of common carriers, vehicles owned by The College of Wooster, personal vehicles when permissible and/or local transportation to and from the _____ (SPECIFY SITE), weather conditions, facility conditions, equipment conditions, negligent first aid operations or procedures of Releasees (as defined herein) _____ (List any unique risks), and that there may be other risks not known to me or not reasonably foreseeable at this time.

I KNOWINGLY AND VOLUNTARILY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE ACTS OF THE RELEASEES, UNLESS THE RISKS ARISE SOLELY FROM THE RELEASEES' NEGLIGENCE, GROSS NEGLIGENCE OR INTENTIONAL MISCONDUCT and I assume full responsibility for my participation in the Activity and use of the Facilities.

RELEASE AND WAIVER OF LIABILITY: I, on behalf of myself, my personal representatives, heirs, executors, administrators, agents, and assigns, **HEREBY RELEASE,**

WAIVE, DISCHARGE, AND COVENANT NOT TO SUE The College of Wooster, including its governing board, trustees, directors, officers, employees, and any Participants, agents or volunteers acting at The College of Wooster's direction (collectively referred to as "Releasees"), for any and all liability, including any and all claims, demands, causes of action (known or unknown), suits, or judgments of any and every kind (including attorneys' fees), arising from any injury, damage or death that I may suffer as a result of my participation in the Activity and use of the Facilities, **REGARDLESS OF WHETHER THE INJURY, DAMAGE OR DEATH IS CAUSED BY THE RELEASEES, UNLESS THE INJURY DAMAGE OR DEATH IS CAUSED SOLELY BY THE RELEASEES' NEGLIGENCE OR GROSS NEGLIGENCE OR INTENTIONAL MISCONDUCT, AND REGARDLESS OF WHETHER THE INJURY DAMAGE OR DEATH OCCURS WHILE IN, ON, UPON, OR IN TRANSIT, INCLUDING OVERNIGHT STAY, TO OR FROM THE PREMISES WHERE THE ACTIVITY, OR ANY LOCATION ADJUNCT TO THE ACTIVITY, OCCURS OR IS BEING CONDUCTED.**

I further agree that the Releasees are not in any way responsible for any injury or damage that I sustain as a result of my own negligent or grossly negligent acts or my own intentional misconduct and I hereby release Releasees from any liability for the same.

The College of Wooster expressly disclaims liability for actions of third parties, which includes but is not limited to Participants, agents or volunteers who are not acting under the direction and control of The College of Wooster. I, hereby release Releasees from any and all liability, including any and all claims, demands, causes of action (known or unknown), suits, or judgments of any and every kind (including attorneys' fees), arising from any injury, damage or death that I may suffer as a result of actions of any third parties who are not Releasees.

INDEMNITY: I, on behalf of myself, my personal representatives, heirs, executors, administrators, agents, and assigns, agree to hold harmless the Releasees from any and all liability, including any and all claims, demands, causes of action (known or unknown), suits, or judgments of any and every kind (including attorneys' fees), arising from any injury, damage or death that I may suffer as a result of my participation in the Activity and/or use of the Facilities, **REGARDLESS OF WHETHER THE INJURY, DAMAGE OR DEATH IS CAUSED BY THE RELEASEES OR OTHERWISE, UNLESS THE INJURY, DAMAGE OR DEATH IS SOLELY CAUSED BY THE RELEASEES' NEGLIGENCE, GROSS NEGLIGENCE OR INTENTIONAL MISCONDUCT.**

I further agree that, in the event that I or any of my family members, personal representatives, heirs, executors, administrators, agents, assigns or any other third party attempts to assert any claims, demands, causes of action (known or unknown), suits, or judgments of any and every kind (including attorneys' fees), arising from any injury, damage or death to me, including but not limited to any injury resulting from my own negligence, gross negligence or intentional misconduct during or related to the Activity, **I AGREE TO DEFEND AND INDEMNIFY RELEASEES AGAINST SUCH CLAIMS, DEMANDS, CAUSES OF ACTION (KNOWN OR UNKNOWN), SUITS, AND/OR JUDGMENTS OF ANY AND EVERY KIND (INCLUDING ATTORNEYS' FEES) TO THE FULLEST EXTENT PERMITTED BY LAW.**

PERSONAL MEDICAL INSURANCE: I further acknowledge that I am responsible for the cost of any and all medical and health services I may require while participating in the Activity except for medical costs arising from an injury that I sustain that is the direct result of Releasees' negligence or gross negligence or intentional misconduct. I understand and agree that Releasees shall not in any way be responsible for other contingent losses arising from any injury I sustain that is not the result of Releasees' negligence, gross negligence or intentional misconduct.

CERTIFICATION OF FITNESS TO PARTICIPATE: I attest that I am physically and mentally fit to participate in the Activity and that I do not have any medical record of history that could be aggravated by my participation in the Activity. I further attest that I am physically and mentally fit to participate in the Activity, and that I am responsible for consulting with my health care provider towards this end.

RESPONSIBILITY FOR REPORTING INJURIES: I acknowledge that I must be an active participant in my own healthcare and as such, it is my responsibility to report all injuries and illnesses, including signs and symptoms of concussions, to The College of Wooster's qualified health care provider. I hereby affirm that I have fully disclosed in writing any prior medical conditions and will also disclose any future conditions to The College of Wooster's health care provider.

MEDICAL CONSENT: I understand and agree that Releasees may not have medical personnel available at the location of the Activity, nor at the Facilities. In the event of any medical emergency, **I (initial one) do ___/do not ___** authorize and consent to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care that The College of Wooster personnel deem necessary for my safety and protection. I understand and agree that Releasees assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment. I further understand that in the event that I experience any condition requiring emergency medical treatment, The College of Wooster may direct that I be transported to the hospital for such care.¹

NON-EMPLOYEE STATUS: I understand and acknowledge that in participating in the Activity, I am doing so independently and that I am not an employee or agent of The College of Wooster. I understand and agree that as a non-employee that I am not entitled to receive compensation or any other employee benefit from The College of Wooster for my participation in the Activity.

MULTIPLE OCCURRENCES: If this Activity involves multiple occurrences, those multiple occurrences are outlined in the Student Organization Travel Itinerary found at the following link: <https://www.wooster.edu/media/files/students/organizations/resources/club-sports-travel.pdf>. This waiver shall be applicable to any and all such occurrences.

CHOICE OF LAW: I hereby agree that this Agreement shall be construed in accordance with the laws of the State of Ohio.

SEVERABILITY: If any term or provision of this Agreement shall be held illegal, unenforceable, or in conflict with any law governing this Agreement the validity of the remaining portions shall not be affected thereby.

I hereby acknowledge that I have read, understand and will abide by each of the terms and conditions of this Agreement. I understand that I may seek legal counsel of my own choosing to fully explain any terms of this Agreement to me before I sign it.

¹[NOTE: In the event that a Participant expressly declines medical treatment on the waiver, an officer at the institution should immediately have a conversation with the Participant to ensure that the Participant fully understands the risks of declining medical treatment. The Participant should also be informed that if he or she reasonably appears to be experiencing an emergency medical condition, the institution will transport the Participant to the hospital.

In the event that a Participant who has declined medical treatment experiences an injury or medical condition that appears to require emergency treatment, the institution should transport the Participant to the hospital's emergency room. Such transportation is authorized under the federal Emergency Medical Treatment and Active Labor Act (EMTALA), which mandates medical screening examination and treatment for all patients presenting to an emergency department with an emergency medical condition. Neither parental nor patient consent may be needed for such care. Moreover, once the Participant is at the hospital, the institution should ensure that the examining health care provider (not the institution) fully explains the risks of not proceeding with treatment to the Participant. The treating physician should also document the Participant's refusal of medical treatment in writing. If the Participant is comatose and unable to decline medical treatment but previously declined medical treatment in his or her waiver, he or she should also be transported to the emergency room.]

Date: _____

(Signature)

(Printed Name of Participant)

Signature of Parent/Guardian for Participants Who Are Minors:

I certify that I have custody of Participant or am the legal guardian of Participant by court order. I HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND AND AGREE TO ITS TERMS. **I AM AWARE THAT THIS AGREEMENT INCLUDES A RELEASE AND WAIVER OF LIABILITY, AN ASSUMPTION OF RISK, AND AN AGREEMENT TO INDEMNIFY RELEASEES.**

Date: _____

(Signature of Parent or Guardian)

(Printed Name of Parent or Guardian)

Received by:

Date: _____

(Signature)

(Printed Name of Institution Official)

THE COLLEGE OF
WOOSTER

College of Wooster Injury Report

The injured student or travel participant should fill out this form.

Call Security & Protective Services at (330) 287-3333 IMMEDIATELY if medical attention is sought and request that they contact the Dean on Call.

Submit this form to the Lowry Center and Student Activities Office within 48 hours of the incident

Name of Participant: _____

Name of Organizations: _____

Travel Destination: _____ **Travel Dates:** _____

CoW ID Number: _____ **Date of Birth:** ___/___/___ **Phone Number:**

(____) _____ **Campus Mailbox Number:** _____

Date of Accident: _____ **Time of Accident:** _____ AM/PM

Witness(es): _____

Description of Accident: *Please describe how the accident happened. What you were doing at the time of the injury? List any specific acts by individuals or conditions that led to the accident. Include any tools, machinery, instruments, etc. involved). Use the back of this form if more space is needed.*

<i>NATURE OF INJURY</i>			<i>PART OF BODY INJURED</i>		
<input type="checkbox"/> Abrasion	<input type="checkbox"/> Cut	<input type="checkbox"/> Scratch	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Face	<input type="checkbox"/> Leg
<input type="checkbox"/> Amputation	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Shock	<input type="checkbox"/> Ankle	<input type="checkbox"/> Finger	<input type="checkbox"/> Mouth
<input type="checkbox"/> Asphyxiation	<input type="checkbox"/> Fracture	<input type="checkbox"/> Sprain	<input type="checkbox"/> Back	<input type="checkbox"/> Foot	<input type="checkbox"/> Nose
<input type="checkbox"/> Bite	<input type="checkbox"/> Laceration	<input type="checkbox"/> Splinter	<input type="checkbox"/> Chest	<input type="checkbox"/> Forearm	<input type="checkbox"/> Shoulder
<input type="checkbox"/> Bruise	<input type="checkbox"/> Poisoning	<input type="checkbox"/> Strain	<input type="checkbox"/> Ear	<input type="checkbox"/> Hand	<input type="checkbox"/> Teeth
<input type="checkbox"/> Burn	<input type="checkbox"/> Puncture		<input type="checkbox"/> Elbow	<input type="checkbox"/> Head	<input type="checkbox"/> Wrist
<input type="checkbox"/> Concussion	<input type="checkbox"/> Repetitive Stress Injury		<input type="checkbox"/> Eye	<input type="checkbox"/> Knee	
Other (Specify): _____			Other (Specify): _____		

Did you go to the hospital/doctor? Y N

What hospital/doctor? _____

Signed by Injured Party

Date



Student Organization Travel Itinerary

Name of Organization: _____

Student Travel Leader/Coordinator: _____ Cell: () _____

Staff/Faculty Travel Advisor: _____ Cell: () _____

Departure Date: _____ Time: _____

Return Date: _____ Anticipated Time: _____

Purpose of Travel: _____

Means of Transportation (e.g., College Rental Vans/Cars, Buses, Personal Cars):

Name of Accommodations: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Local Police Department (where you will be staying) address: _____

Local Police Department (where you will be staying) phone number: _____

Please list other phone number(s) at which your organization can be reached in case of emergency.

Name: _____ Telephone: () _____

Name: _____ Telephone: () _____

Name: _____ Telephone: () _____

Name: _____ Telephone: () _____

Student Drivers and Verification of CoW Driver Authorization

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____



Student Organization Travel Roster

Attach Travel Roster with Emergency Contacts and submit all forms to the Lowry Center and Student Activities Office one (1) week prior to event.

Organization: _____

Date(s) of Travel: _____

Name of Travel Supervisor: _____

Cell Phone Number of Travel Supervisor: (____) _____

Name	CoW ID Number	Cell Phone Number	Date of Birth
