

**Recreation and Sport Club Coach/Advisor Information Form**  
**The University of Montana Western**

Name of Sport Club: \_\_\_\_\_

Name of Coach/Advisor: \_\_\_\_\_

Contact Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Certifications (circle all that apply and provide dates of certification)

CPR    Basic First Aid    Medically Trained    Certified Coach    Blood Borne Pathogen:    Other:

\_\_\_\_\_

Read and sign-off on Required Components for Sport and Recreation Clubs (Please initial each):

1. I have received and read the UMW Collegiate Sports & Recreation Clubs Program Handbook and agree to adhere to all policies and procedures set forth therein. \_\_\_\_\_
2. I have received the UMW Sports & Recreation Club Packet. \_\_\_\_\_
3. I am aware that all students involved in this sport and recreation club have received, read, and signed waiver forms for their club participation for the current year. \_\_\_\_\_
4. I am aware that all students involved in this sport and recreation club have submitted a proof of insurance form for their participation. \_\_\_\_\_

By filling out this form, I agree that I am the Coach or Advisor for the \_\_\_\_\_ Club at The University of Montana Western. I understand the importance of the above information and requirements. I realize that it will be necessary, on occasion, for me to make decisions regarding the well being of UMW students during participation in sport and recreation clubs. I have read The University of Montana Western Collegiate Sports and Recreation Club Handbook and will adhere to the Policies and Procedures set forth by The University of Montana Western.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Informed Consent, and Acknowledgment of Risk**  
**The University of Montana Western**

**Full Name:** \_\_\_\_\_ **Student ID:8000** \_\_\_\_\_

**Club(s):** \_\_\_\_\_ **Year:** \_\_\_\_\_

**Local address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Informed Consent and Acknowledgement of Risk**

I, \_\_\_\_\_, desire to participate voluntarily in the \_\_\_\_\_ club of The University of Montana Western. I acknowledge that sport and recreation clubs provide structured competitive opportunities for men and women with varied interests and skill levels with the intent to provide wholesome and positive experiences for all who participate. My signature below signifies my acceptance of the rules and policies of The University of Montana Western.

I understand that every attempt is made to minimize the existing risk (that are inherent in the nature of some of the activities) through the use of proper sports equipment, safe facilities and sound safety practices. However, I also understand that these risks cannot be eliminated completely.

I realize that as a recreation or sport club participant, I could possibly incur injuries no matter how well conditioned I may be. Due to the nature of sports, injuries may be minor to fatal in nature. Some specific injuries that are not uncommon to recreation and sports are listed below:

A stoppage of breathing; spine and neck injuries(either of which could result in paralysis); heart failure; broken bones; heat stroke; heat cramp; heat exhaustion; stroke; bleeding; convulsion unconsciousness; abrasions; fainting; sudden illness; cramps; and loss of wind. In addition, there is a potential for accidents or illness while traveling to and from events.

The propensity for major injuries, such as broken bones, concussions, and internal injuries to major organs, increase in relation to the force of impact upon a collision between two moving players. I understand that if I am participating in a collision sport, speed collisions will occur regularly, as an integral part of the sport.

These lists above are not intended to be inclusive of all injuries that may occur, but rather to inform me of the type of risks inherent in my participation in UMW sport or recreation clubs, so that I can make a voluntary choice to participate or not participate.

I also realize that the activity involved may be strenuous, and that UMW has advised me to seek the advice of my physician before participating in this activity.

I hereby affirm that in consideration of the University's providing support for this club and allowing me to participate, I am voluntarily participating in any or all of the activities of The University of Montana Western Clubs with full knowledge of the potential danger which they present, including bodily injury, property damage, and death, and I hereby agree to accept any and all risk of such bodily injury, property damage, and death.

**I certify that I have read this agreement, and that I may be giving up legal rights which I may otherwise have. I acknowledge that I am at least eighteen (18) years of age.**

**Name:** \_\_\_\_\_

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

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

**Proof of Insurance Form**  
**The University of Montana Western**

All Sport and Recreation Club members must have personal health insurance. Sport and Recreation Clubs are a “high-risk” activity. Participants must have insurance in order to participate in Club Sport or Recreation practices, tournaments, competitions and other activities related to their sport or recreation club.

(Please Print)

Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Local Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Hometown: \_\_\_\_\_

Emergency Contact Information: Name: \_\_\_\_\_

Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Classification: (check one of the following)

Freshmen  Sophomore  Junior  Senior

Medical Insurance Information:

Insurance Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Phone Number: \_\_\_\_\_

Policy Holder's Name and Signature: \_\_\_\_\_

Policy Holder's Address: \_\_\_\_\_

Policy Holder's Date of Birth: \_\_\_\_\_

Policy Holder's ID: \_\_\_\_\_

\*Please bring a copy (front and back) of Health Insurance Card to the Campus Recreation/Student Wellness Coordinator\*

Campus Recreation/ Student Wellness Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

**Club Roster Form**  
**The University of Montana Western**

Name of Club Sport: \_\_\_\_\_

Name of Club National or Regional Organization: \_\_\_\_\_

***Executive Board:***

**Coach:** \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Other Phone: \_\_\_\_\_

**Advisor:** \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Other Phone: \_\_\_\_\_

**President/Captain:** \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Other Phone: \_\_\_\_\_

**Vice President:** \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Other Phone: \_\_\_\_\_

**Secretary:** \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Other Phone: \_\_\_\_\_

**Treasurer:** \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Other Phone: \_\_\_\_\_

**Other:** \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Other Phone: \_\_\_\_\_

**Other:** \_\_\_\_\_: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Other Phone: \_\_\_\_\_





Department: _____ Name of Volunteer: _____
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## The University of Montana Western Agreement for Non-reimbursed Volunteer Services

**This agreement is between The University of Montana Western, department of**

\_\_\_\_\_ and  
 \_\_\_\_\_ (name of volunteer)

for services rendered as \_\_\_\_\_.

Description of services

The above-named individual is not a regular employee of the above-named department and the work to be performed will not replace the work of regular employees of the department.

It is understood that the services are voluntarily offered for the time period from  
 \_\_\_\_\_ (date) to \_\_\_\_\_ (date)

and that these volunteer services are not to be reimbursed. Approximate number of hours that will be spent in the volunteer services by this individual **in total** \_\_\_\_\_ (# of hours).

Does the volunteer currently carry any primary medical insurance?

\_\_\_\_ (yes) \_\_\_\_ No

If so, who is your primary Insurance Provider?

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Volunteer's Signature	Date
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Supervisor's Signature	Date
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Department Approval	Date
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These volunteer services provided for The University of Montana are not covered by the worker's compensation policy of The University of Montana Western.

# **The University of Montana Western BARC Policies and Procedures(revised 7/12)**

The Bulldog Athletic and Recreation Center (BARC) is home to Montana Western intercollegiate athletics, the Health and Human Performance program, as well as fitness and recreation spaces. Areas open for use by patrons follow:

- 3 racquetball courts with fixtures for wallyball
- Keltz Arena, multipurpose flooring with lines for 2 full basketball/volleyball courts and tennis lines
- Upstairs gymnasium with 1 full basketball/volleyball court or 2 short basketball courts with lines for badminton and pickleball
- Cardio room with treadmills, stair climbers, bicycles, elliptical trainers and weight machines
- Weight room designed for Olympic style lifting

## **HOURS AND SCHEDULES**

Center hours are subject to cancellation or change. Varsity Athletics has priority in scheduling in all athletic facilities. All athletic center hours are subject to change due to athletic practices and/or events. Scheduled HHP courses may also restrict access to fitness and recreation areas. Please consult the web site and entry desk for up to date schedules & information.

## **ASSUMPTION OF RISK**

Recreation members and guests assume all risks when using the fitness and recreation areas.

## **EQUIPMENT USE**

Recreation equipment can be checked out by BARC users from front desk staff. All recreation equipment must be signed out and returned by a card holding member. Members will be charged for lost or damaged equipment. Indoor equipment must be returned by closing of the building on the same day borrowed. Outdoor equipment must be returned within 48 hours of checkout or on Monday morning following Friday check-out.

## **LOCKERS & LOCKER ROOMS**

Student fees include locker rental, combinations available through building management. Non-student patrons may rent a regular locker for \$10/year. A limited number of oversized faculty/staff lockers are available for \$25/year. Notice will be provided when locker fee is due. Lockers for which a rental fee has not been paid will be emptied by management and contents moved to lost and found according to policy outlined below.



## **LOST & FOUND POLICY**

Lost and Found items can be claimed and/or turned in at the BARC front desk. All items will be held in the center for 1 week. After 1 week clothing items will be donated to local organization and any valuable items will be turned over to Facilities Services.

## **VANDALISM**

Anyone caught vandalizing the center will be removed immediately and Dillon City Police will be notified.

## **INAPPROPRIATE BEHAVIOR**

Any patron exhibiting abusive behavior or language will be asked to leave the center immediately. If the patron refuses to leave the Dillon Police Department will be called to remove the patron. Montana Western reserves the right to revoke privileges for misuse of the athletic center and/or regulations. This includes, but is not limited to verbal abuse, harassment and fighting.

## **INLINE SKATES, BIKES, SKATEBOARDS**

The use of skates, scooters or skateboards is not allowed inside the center. Bicycles may not be brought inside the building, a bicycle rack is provided in front of the center and patrons are encouraged to lock their bicycles.

## **PETS**

Pets are not allowed in the BARC with the exception of those who are trained for and utilized by persons with disabilities.

## **TOBACCO PRODUCTS & ALCOHOL**

The use of tobacco (including cigarettes, cigars, e-cigarettes, pipes, bidi, hookah, snus, orbs, all forms of smokeless tobacco) by students, faculty, staff, guests, visitors, and contractors is prohibited on all properties owned or leased by The University of Montana Western.

Consumption of alcoholic beverages in or around the BARC is prohibited except during limited events with prior approval per Montana Western Policy

## **PERSONAL TRAINERS/GROUP EXERCISE**

Personal trainers other than those employed by Student Wellness are prohibited. All group exercise classes must be sanctioned by and scheduled through Student Wellness.

## **RECREATIONAL/CLUB SPORT LEAGUES**

Use of the recreation areas for organized leagues or practices is subject to approval by building management in accordance with UMW Facility Use Policies. Reservations for ongoing facility use must be made, and a use fee will be determined by building management.

## **FACILITY CARD ACCESS POLICY**

All students, faculty/staff and recreation members must show a valid ID card, purchase a guest pass to gain access to the center for fitness and recreation use. Anyone without a valid ID card will not be allowed entry without the purchase of a day use pass. Anyone caught trying to access the center through unauthorized entry doors will have use privileges revoked.

## **GUEST POLICY**

Day passes are available for \$5 for adult guests and \$3 for guests age 15-18. Guest passes may be purchased the BARC entry desk during operational hours.

## **YOUTH MEMBER RESTRICTIONS**

Children must be between the ages of 5 and 18 to be members on a family pass. Ages 5 to 14, the parent or guardian must be a member. Children must be under constant parental supervision while in the BARC. Children under the age of 15 are not allowed in the weight room area or on the cardio equipment. Ages 15 to 18 may purchase a Teen Annual Pass as an individual.

## **MEMBERSHIP RATES**

UMW Students: Included in fees with enrollment in 7 or more credits.

UMW Faculty/Staff: Employee wellness benefit for members of UMW insurance plans

Family Annual Pass: \$450.00

Adult Annual Pass: \$250.00

Teen Annual Pass: \$175.00

Adult Day Pass: \$5.00

Teen Day Pass: \$3.00

Recreational Leagues: Cost determined in consultation with Building Manager.

**Sport and Recreation Club Risk Management Plan Outline**  
**The University of Montana Western**

- I.** Name of club and Description of the Sport
  - Identify all practice locations
  - Identify all home competition locations
  - Identify all away competition locations
  
- II.** Name of Person(s) providing instruction for the club
  - List the qualifications for a Coach
  - List the qualifications for an Advisor
  
- III.** Safe Practice and Games
  - List all steps that will be followed prior to games and practice to ensure a safe playing environment
  
- IV.** Special Risk
  - List all of the unique risks associated with the sport in question
  - List all measures taken to address these risks
  
- V.** Medical Supervision
  - List the type of medical supervision the club plans to maintain for practice
  - List the type of medical supervision the club plans to maintain for competitions
  
- VI.** First Aid Kit
  - Name of the designated person responsible for maintenance of the First Aid Kit
  - Name of the designated person responsible for ensuring the First Aid Kit is present at all games and practices
  - List special items to be added to First Aid Kit
  
- VII.** Emergency Action Plans
  - Injury(Home)
  - Injury(Away)
  - Travel Emergency
  - Severe Weather Emergency
  
- VIII.** Travel Policy
  - Name mode of travel
  - List travel procedures

**Sport and Recreation Club Community Service Form**  
**The University of Montana Western**

Club Name: \_\_\_\_\_

Number of Club Member(s) Who Participated: \_\_\_\_\_      Number of Hours Worked: \_\_\_\_\_

Completed Dates of Community Service: \_\_\_\_\_

Community Service Activity: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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Signatures:

Community Service Sponsor: \_\_\_\_\_ Date: \_\_\_\_\_

Campus Recreation/Student Wellness

Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

ASUMW Office

Manager: \_\_\_\_\_ Date: \_\_\_\_\_

**Fundraising Activity Request Form**  
**The University of Montana Western**

Club Name: \_\_\_\_\_

Fundraising Activity: \_\_\_\_\_

Dates of Fundraising: \_\_\_\_\_

Purpose of Fundraising:

\_\_\_\_\_  
\_\_\_\_\_

Must be approved by the following:

Signatures:

Coach/Advisor : \_\_\_\_\_ Date: \_\_\_\_\_

Foundation Director: \_\_\_\_\_ Date: \_\_\_\_\_

Campus Recreation/ Student Wellness

Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

**Semester-Long Schedule of Activities Form  
The University of Montana Western**

Club Name: \_\_\_\_\_

Semester: \_\_\_\_\_ Year: \_\_\_\_\_

<b>Date</b>	<b>Time</b>	<b>Activity</b>	<b>Purpose of Activity</b>	<b>Accepted or Declined</b>

Reviewed and Approved by the Campus Recreation/Student Wellness Coordinator on: \_\_\_\_\_

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

**Sport and Recreation Club Travel Itinerary and Roster Form**  
**The University of Montana Western**

Name of Club: \_\_\_\_\_

Coach: \_\_\_\_\_ Advisor: \_\_\_\_\_

**Event Information:**

Name of Event: \_\_\_\_\_ Event Dates: \_\_\_\_\_

Destination (city, state): \_\_\_\_\_

Hosting University/ College: \_\_\_\_\_

Event information website (if applicable): \_\_\_\_\_

**Lodging:**

Hotel: \_\_\_\_\_

Phone: \_\_\_\_\_ Location: \_\_\_\_\_

**Transportation (Indicate number of each):**

Vehicles (University): \_\_\_\_\_

Vehicles (Personal): \_\_\_\_\_

Mileage: \_\_\_\_\_

**Club Members Traveling (Roster):**

_____	_____
_____	_____
_____	_____
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**Signatures:**

Coach/Advisor (Traveling w/Club) \_\_\_\_\_

Date:\_\_\_\_\_

Campus Recreation/Student Wellness Coordinator\_\_\_\_\_ Date:\_\_\_\_\_



## **Emergency Action Plan: Keltz Arena**

Emergency Personnel: Coach/Advisor/Participant trained in First Aid/CPR/AED.

Emergency Communication: Phone near concessions booth on first floor of BARC, or cell phones.

Emergency Equipment: Club first aid kit, AED located on first floor of BARC.

### Roles of First Responders:

1. Immediate care of the injured or ill participant
  - a. Determine whether participant's injury/illness requires 911 call to activate Emergency Medical Services (EMS).
  - b. Provide first aid care.
2. Activate EMS
  - a. Call 911: Provide name, address, telephone number, number of individuals injured, condition of injured, first aid treatment, specific directions, other information as requested.
3. Emergency equipment retrieval (AED if necessary)
4. Direction of EMS to scene
  - a. Locate PE Complex worker to open overhead door to parking lot, or open arena door along north wall.
  - b. Designate individual to "flag down" EMS and direct to scene
  - c. Scene control: limit scene to first aid providers, move bystanders away.
5. Provide EMS with participant's emergency/insurance information from first aid kit.
6. Promptly report any activation of EMS to Campus Recreation/Student Wellness Coordinator (683-7389)

Venue Directions: Poindexter St. into PE Complex parking lot to overhead door, or if necessary, down sidewalk, through north door into arena.

Fatal Illness or Injury: Refer to UMW Campus Emergency Response and Crisis Protocol.

## **Emergency Plan: Weight Room**

Emergency Personnel: Coach/Advisor/Participant trained in CPR/FA/AED

Emergency Communication: Courtesy phone located next to concessions booth on first floor of BARC, faculty/staff offices on second floor may be open for use of telephones.

Emergency Equipment: AED located on first floor of BARC

### Roles of First Responders:

1. Immediate care of the injured or ill participant.
  - a. Determine if it is in participant's best interest to call 911 to activate Emergency Medical Services (EMS)
  - b. Provide first aid care.
2. Activate EMS if necessary
  - a. Call 911: provide name, address, telephone number, number of individuals injured, condition of injured, first aid treatment, specific directions, other information as requested
  - b. Designate individual to "flag down" EMS and direct to scene
  - c. Scene control: limit scene to first aid providers, move bystanders away.
3. Provide EMS with participant's emergency/insurance information from first aid kit.
4. Promptly report any activation of EMS to Campus Recreation/Student Wellness Coordinator(683-7389)

Venue Directions: Atlantic Street to Poindexter, through front doors of PE Complex, use elevator or stairs to access third floor.

Fatal Injury or Illness: Refer to UMW Campus Emergency Response and Crisis Protocol.

## **Emergency Action Plan: Tundra**

Emergency Personnel: Coach/Advisor/Participant trained in CPR/FA/AED

Emergency Communication: Phone near concession booth on first floor of BARC or cell phones.

Emergency Equipment: club first aid kit, AED located on first floor of BARC

### Roles of First Responders:

1. Immediate care of the injured or ill participant.
  - a. Determine if it is in participant's best interest to call 911 to activate Emergency Medical Services (EMS)
  - b. Provide first aid care.
2. Activate EMS if necessary
  - a. Call 911: provide name, address, telephone number, number of individuals injured, condition of injured, first aid treatment, specific directions, other information as requested
  - b. Designate individual to "flag down" EMS and direct to scene
  - c. Scene control: limit scene to first aid providers, move bystanders away.
3. Provide EMS with participant's emergency/insurance information from first aid kit.
4. Promptly report any activation of EMS to Campus Recreation/Student Wellness Coordinator(683-7389)

Venue Directions: Poindexter Street to PE Complex Parking Lot, down sidewalk along Keltz Arena for direct access to Tundra.

Fatal Illness or Injury: Refer to UMW Campus Emergency Response and Crisis Protocol

**Emergency Plan: Auxiliary Gymnasium (Upstairs Gym)**

Emergency Personnel: Coach/Advisor/Participant trained in CPR/FA/AED

Emergency Communication: Phone near concession booth on first floor of BARC or cell phones.

Emergency Equipment: club first aid kit, AED located on first floor of BARC

Roles of First Responders:

1. Immediate care of the injured or ill student-athlete
  - a. Determine whether athlete should be referred to Emergency Medical Services (EMS).
2. Activate EMS
  - b. Call 911: provide name, address, telephone number, number of individuals injured, condition of injured, first aid treatment, specific directions, other information as requested.
3. Emergency equipment retrieval
4. Direction of EMS to scene
  - a. Open back (southeast) door of gym for EMS access
  - b. Designate individual to “flag down” EMS and direct to scene
  - c. Scene control: limit scene to first aid providers, move bystanders away
5. Promptly report any activation of EMS to Campus Recreation/Student Wellness Coordinator (683-7389).

Venue Directions: Cornell St. to Residence Hall parking lots, around Clark Hall, and around east end of PE Complex, to door on south side of building.

Fatal Injury or Illness: Refer to UMW Campus Emergency Response and Crisis Protocol.

## **Emergency Plan: Football Practice Fields**

Emergency Personnel: Coach/Advisor/Participant trained in CPR/FA/AED

Emergency Communication: Phone near concession booth on first floor of BARC or cell phones.

Emergency Equipment: club first aid kit, AED located on first floor of BARC

### Roles of First Responders:

1. Primary and secondary survey, immediate care for injured athlete.
  - a. Determine whether athlete should be referred to Emergency Medical Services (EMS)
2. Activate EMS if necessary
  - a. Call 911: provide name, address, telephone number, number of individuals injured, condition of injured, first aid treatment, specific directions, other information as requested
  - b. Open gate from road or parking lot onto practice field.
  - c. Designate individual to “flag down” EMS and direct to scene
  - d. Scene control
3. Direct removal of athlete from playing field (ambulatory aid, manual conveyance, stretcher, Gator).
4. Promptly report any activation of EMS to Campus Recreation/Student Wellness Coordinator (683-7389)

Venue Directions: South field- Hwy 91 to fence opening at northwest corner of field, adjacent to LDS church, opposite BHH parking lot.

North field- Poindexter Street to PE Complex Parking lot through gate on southwest corner.

Fatal Illness or Injury: Refer to UMW Campus Emergency Response and Crisis Protocol

**Emergency Action Plan: Beaverhead County Soccer Fields (Rugby)**

Emergency Personnel: Coach/Advisor/Participant trained in CPR/FA/AED

Emergency Communication: Cell phones

Emergency Equipment: Club first aid kit

Roles of First Responders:

1. Immediate care of the injured or ill participant.
  - a. Determine if it is in participant's best interest to call 911 to activate Emergency Medical Services (EMS)
  - b. Provide first aid care.
2. Activate EMS if necessary
  - a. Call 911: provide name, address, telephone number, number of individuals injured, condition of injured, first aid treatment, specific directions, other information as requested
  - b. Designate individual to "flag down" EMS and direct to scene
  - c. Scene control: limit scene to first aid providers, move bystanders away.
3. Provide EMS with participant's emergency/insurance information from first aid kit.
4. Promptly report any activation of EMS to Campus Recreation/Student Wellness Coordinator(683-7389)

Venue Directions: Hwy 41 to Overland Road. Fields are on left side of road.

Fatal Illness or Injury: Refer to UMW Campus Emergency Response and Crisis Protocol

# Safety Information

## The University of Montana Western Lightning Safety & Severe Weather Policy

Lightning is the most frequent weather hazard impacting athletic events. It is imperative for the safety of participants, staff and spectators that we develop and implement a lightning safety policy. There must be mandatory compliance with this policy to ensure the safety of all involved.

### Methods of Gathering Lightning Information

#### Internet Weather Service Radar

Before leaving for practice or competition please use internet weather radar sites such as Weather Underground and forecasts to determine if a threat of severe weather exists.

#### FLASH-TO-BANG Method

The National Severe Storms Laboratory (NSSL), National Association of Intercollegiate Athletics (NAIA) and the National Athletic Trainers' Association (NATA) recommend the use of the flash to bang ratio to help determine when cover should be taken. This method requires no equipment and is an easy way to determine the distance from the last lightning strike. To use the flash-to-bang method, begin counting on the lightning flash, and stop counting when the associated thunder is heard. Divide this number (in seconds) by 5 to determine the distance (in miles) to the lightning flash. For example, if the time in seconds between the lightning being spotted and the thunder being heard is equal to 30, divide that by 5, and you get 6 ( $30/5=6$ ). Therefore, that lightning flash was approximately 6 miles away from the observer.

#### Criteria for Suspension of Activity

Because the average stroke of lightning is 6 miles long, and because thunderstorms can move up to 25mph or more, you are in immediate danger any time lightning is detected within 8-10 miles of your location. It is important to remember, no matter which reading is used, that lightning has been reported to strike 10 miles away from where it is raining. Therefore it is strongly recommended to suspend or postpone athletic or recreational activities when determined necessary by either method.

When using the flash-to bang method, as the count approaches 30 seconds, all persons should be seeking, or already inside appropriate shelter. It is important that participants seek shelter as quickly as possible when the signal for lightening danger is given.

#### Seeking Appropriate Shelter

The primary choice for a safe location from lightning hazard is any substantial, frequently inhabited building. The secondary choice for a safe location from lightning hazard is a fully enclosed vehicle with a metal roof and the windows closed. You should avoid touching the sides of the vehicle. Convertible vehicles, golf carts, etc, are not adequate areas of shelter. You should avoid high places and open fields, isolated trees, rain or picnic shelters, baseball dugouts, communication towers, flagpoles, bleachers, metal fences, convertibles, golf carts or any type of water.

Individuals who feel their hair stand on end or skin tingle or hear crackling noises should assume the lightning-safe position. That position is crouched on the ground, weight on the balls of the feet, feet together, head lowered and ears covered. **DO NOT LIE FLAT ON THE GROUND.** You must minimize the amount of contact that you have with the ground.

### **Designated Safe Shelter Areas**

Beaverhead County Soccer Fields- fully enclosed vehicles

Tundra- Keltz Arena

### **Criteria for Return to Activity**

#### **30-Minute Return-to-Play Rule**

If a game, practice, or other activity is suspended or postponed due to lightning activity, it is important to establish criteria for resumption of activity. First off, the storm should continue to be monitored. Waiting at least 30 minutes after the last lightning flash or sound of thunder is recommended. Each time lightning is seen or thunder is heard the 30-minute clock should be reset. A blue sky or lack of rainfall is not an adequate reason to resume play, as lightning can strike far from where it is raining.

### **Managing Victims of Lightning Strike**

In the event that a person is struck by lightning proper care should be given. Because lightning-strike victims do not remain connected to a power source, they do not carry an electric charge and may be safely handled. However, personal safety must be considered before venturing into a dangerous situation to render care. If care is decided to be given, the first priority should be to move to victim to a safe location. It is imperative to treat lightning-victims promptly, as rescue breathing and cardiopulmonary resuscitation (CPR), along with the early defibrillation through use of an automatic external defibrillator (AED), has been proven to be successful and restart breathing and circulation. In the case of a lightning strike incident in which there are multiple victims, care should be administered to the apparently “dead” first. The following are recommended pre-hospital care for treating lightning-strike victims:

1. Activate Emergency Action Plan for venue, activate EMS
2. Survey the scene for safety
3. Carefully move the victim to a safe area, if needed.
4. Evaluate and treat for any breathing and/or circulation problems
5. Evaluate and treat for hypothermia and shock
6. Evaluate and treat for fractures
7. Evaluate and treat for burns.

### **References**

Kithil, R. Decision tree for personal lightning safety. Retrieved August 10, 2010 from [http://www.lightningsafety.com/nlsi\\_pls/decision\\_tree\\_people.html](http://www.lightningsafety.com/nlsi_pls/decision_tree_people.html)  
NAIA (2000). Guideline 1B: Inclement Weather. NAIA Sports Medicine Handbook.  
NCAA (2007). Guideline 1d: Lightning Safety. NCAA Sports Medicine Handbook.  
Walsh, K.M., et al. (2000). National Athletic Trainers’ Association Position Statement: Lightning Safety for Athletics and Recreation. *Journal of Athletic Training*, 35, 471-477.



# Policy 100.7 – Sign Posting

Date Adopted: 8/26/88  
Date Revised: 10/8/07  
References:

Issuing Office: Administration & Finance  
Approved By:

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## I. POLICY

The University of Montana Western allows campus and community advertising within certain guidelines.

## II. PURPOSE

The purpose of this policy is to provide guidelines for signs and advertising to insure an attractive campus.

## III. PROCEDURE

### *Size*

Posters and signs should not exceed 8½ x11”, with the exception of commercially produced posters.

### **Location**

Signs are restricted to designated bulletin boards located in specific areas of campus: Main Hall, Short Center, Block Hall (1<sup>st</sup> floor), SUB, Dining Services, PE Complex (1<sup>st</sup> floor), IT-Woods, and the residence halls.

The posting of signs, etc., on doors, windows, stair railings, walls, marquees, and buildings is prohibited.

### *Approval to Post*

There are three types of designated bulletin boards, with signs indicating the designated use.

- Departmental bulletin boards are for a specific department’s use only.
- Campus bulletin boards are limited to use by campus groups.
- Public bulletin boards are provided for any non-campus advertising.

Posting of signs or advertising on public bulletin boards must have prior approval of the Student Activities Coordinator.

Other bulletin boards may be under the control of other campus personnel and may need their approval:

- PE Complex – Facility Supervisor
- Residence Halls – Student Life Office
- Student Union Building – Student Activities Coordinator
- Dining Service – Dining Services Director
- Main Hall – Designated personnel
- Short Center – Designated personnel

- IT-Woods – Designated personnel
- Block Hall – Designated personnel

**D. Removal of Signs**

Signs must be removed by the sponsoring party within two days following the event.

UMW reserves the right to remove any sign at their discretion.

Signs may not be removed from departmental and campus bulletin boards by individuals other than those designated in this policy.

***SUB Marquee***

The marquee located in front of the Student Union Building is to be used to advertise on-campus activities sponsored by student organizations, academic departments, and the institution as a whole. The Student Activities Coordinator coordinates the posting of these announcements.

**IV. AUTHORITY**

**V. RESPONSIBILITY**

Vice Chancellor for Administration & Finance/Student Affairs, Dean of Students, Student Activities Coordinator, Designated Building Personnel

**University Vehicle Form for Recreation and Sport Clubs  
The University of Montana Western**

Name of Club: \_\_\_\_\_ Date: \_\_\_\_\_

Name and Phone Number of Drivers:

_____	_____
_____	_____
_____	_____
_____	_____

Number of Assigned Vehicles: \_\_\_\_\_ Number of Designated Miles: \_\_\_\_\_

Trip Destination: \_\_\_\_\_

Departure Date/Time: \_\_\_\_\_

Return Date/Time: \_\_\_\_\_

Index Code: \_\_\_\_\_

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Signatures:

Admin/Facilities Services: \_\_\_\_\_ Date: \_\_\_\_\_

ASUMW Office

Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Campus Recreation /Student Wellness

Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

## Motor Pool Procedures

A friendly reminder for those of you returning this school year and a "heads up" for those of you who are new. Some things to keep in mind if you use a state vehicle:

\* Before you use a state vehicle from our motor pool for the first time, please call and schedule a time with Dianne or me, preferably the day **before** you take the vehicle. We will walk you through the process of using a state vehicle. It will only take about 10 minutes, and it is easier to show you than to try and describe it over the phone.

\* The buses and Yukons require the driver to have taken Driver Safety training. The minivans and cars do not. This training is conducted on an "as needed" basis, and should be renewed every three years. I must have a minimum of eight confirmed attendees before I can schedule the trainer to come down. Please contact me at 7142 or by e-mail ([r\\_harrington@umwestern.edu](mailto:r_harrington@umwestern.edu)). **All drivers** must have a signed State Vehicle Use Form on file in our office. These must be renewed every year, and can be obtained from our office or from Dorothy Seymour in HR (7010).

\* Please send your reservation requests by e-mail. Remember we need to know:

what date(s) you need the vehicle(s) for

where you're going (town)

what time you plan on leaving

what your approximate return time will be

what the charge center (index code) is

Some departments have more than one index code. If you don't know what the charge center is, ask your department head. You can send the e-mails to: [facilities@umwestern.edu](mailto:facilities@umwestern.edu) ...

\* When you are at the **Facilities office**, and before you take ANY state vehicle, please verify which vehicle you are assigned, both by description and by license plate number.

\* Pick up the keys and your travel slip at the Facilities Services office between 7:30 a.m. and 5:30 p.m. the first day you are scheduled to use the vehicle. If you are using a vehicle in the evening, on a holiday, or on a weekend and were not able to get the keys on the previous business day, please contact either a boiler plant engineer or security at 596-2222 and they will be happy to assist you.

\* Please notify us at least three (3) hours prior to the intended departure time if you must cancel

your plans for taking a state vehicle. You will be charged a \$15 non-cancellation fee if we are not notified. Please keep in mind there may be someone else who could use the vehicle. If you have to cancel your trip due to the weather, then there is no cancellation fee. Just let us know as soon as you make the decision to cancel.

\* Remember to write down your outgoing odometer reading on the travel slip and pin it back to the board in the Plant office. **PLEASE PIN YOUR TRAVEL SLIP TO THE BULLETIN BOARD BEFORE YOU LEAVE!** We also ask that you write legibly. It could affect your charges. Please retain all gas receipts. You may either store them in the glove box of the vehicle, or pin them with your travel slip on the board.

\* If you are returning a vehicle after 5:00 p.m., or on a weekend, and you find the door to Facilities Services locked, there is a key on the vehicle key ring that will unlock the door for you to finalize your travel slip and hang the keys in the key box.

\* Please fill the gas tank and carefully check the vehicle for your trash, etc. before returning the vehicle. If you noticed something wrong with the vehicle, make a notation on the lines available for that on the travel slip.

\* If at any time you need assistance outside of Facilities Services business hours, you can contact a boiler plant engineer or security at 596-2222.

## Blood Borne Pathogens

### (Coaches are required to complete training on this)

Although the possibility of exposure to the AIDS virus (Human Immunodeficiency virus, HIV), Hepatitis B, and other blood borne pathogens is very small, it is important that all blood and body fluids (tears, sweat, saliva, feces, urine, and vomit) be considered as potentially infected or contaminated. In order to reduce exposure to blood borne pathogens the following precautions are to be taken.

1. Treat all body fluids as if they contain a blood borne pathogen.
2. Personal Protection:
  - a. Wear disposable gloves for tasks involving contact with blood, other body fluids, or potentially contaminated materials.
  - b. Wear face shield or a mask with glasses or goggles for eye/face protection when likely to be splashed with blood or bodily fluids.
  - c. Wear additional protective clothing if contamination of skin or street clothing is likely.
  - d. Use pocket masks or resuscitation bags when performing CPR.
3. Wearing gloves, promptly clean-up blood and body fluids on the floor, treatment tables, mats or any surface that had been in contact with blood or body fluids using 12% (1:10 dilution) chlorine bleach solution. Allow the chlorine solution to remain in contact for ten minutes and then whip away will disinfect the surface.
4. All disposable materials that have come in contact with blood or bodily fluids such as towels stained with blood must be bagged in a biohazard bag and placed in the biomedical waste container. If a biohazard bag is not immediately available, use a plastic waste paper bag, seal it and take it to the biomedical waste container. **Will need to have bags in first aid kit.**
5. **Hands and other skin surfaces contaminated with blood should be washed immediately and thoroughly.**
6. Hands must also be washed after gloves are removed.
7. Contact Community Health center immediately following and direct with potentially contaminated materials.