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An Analysis of Risk Management Practices and Legal Considerations in South Korean Club Sports

Sungwon Kim

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**AN ANALYSIS OF RISK MANAGEMENT PRACTICES AND
LEGAL CONSIDERATIONS IN SOUTH KOREAN CLUB
SPORTS**

by

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2011**

THESIS

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ABSTRACT

In light of the fact that club sport participation in South Korea is increasing in an unprecedented pace, the primary objective of the study was to establish the management status of sports clubs. Specifically, this study investigated a broad spectrum of issues concerning safety issues with regards to club sport participation, including the status of injury/accident and litigation, risk management practices, and legal considerations. Additionally, the study researched the association between the institutional demographic factors of sport clubs and various risk management variables.

The study was conducted by using the self-developed 36-item survey that include demographic information, injury/accident and litigation status, and risk management practices/legal considerations. The questionnaire was primarily developed from the American literatures in the field of sport law and risk management, and was validated by several experts in the field of sport management. The distribution of questionnaire was accomplished by five assigned survey couriers who visited sport facilities in South Korea to collect data from the club sport managers.

The findings of this study represented 304 sport clubs across South Korea. Descriptive statistics, Analysis of Variances (ANOVA), t-test, and Chi-square tests were utilized to answer the proposed research questions. Overall, the results of this study revealed that risk management practices were not conducted in a sufficient and consistent manner, even though many sport club managers experienced or observed a significant number of injuries/accidents during the course of club participation. However, a majority of injuries/accidents did not result in litigation. Furthermore, several relationships were reported between sport club's institutional demographic factors and risk management practices. Some of the factors affecting higher responses of risk management practices were contact sports, infrequent club meetings, club with fewer members, club with younger age groups, shorter longevity of club, urbanized location of club, and academic ownership of club's host facility.

The study may contribute to assist building the basic framework for law and policy issues with regards to managing sport organizations in South Korea. Through the formulation of the relevant risk management practices for sport clubs, it is hoped that preventable injuries and possible litigation are avoided in the future.

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CHAPTER 1

INTRODUCTION

Background

The economic growth of South Korea in the 21st century has brought many lifestyle changes for the public. Behind the modernization of society, Koreans have benefited from decreased work hours, higher income and a corresponding increase in leisure expectations. As these societal changes took place, the public's high awareness in physical health became one of the prevalent trends. In fact, South Korean Ministry of Culture and Tourism has stimulated the growth of a sport culture by constructing a variety of sport facilities, fostering leaders in physical education, promotion of sport-related programs and cultivating club sport organizations (Korean Ministry of Culture and Tourism, 2005). Traditionally, a sport was considered as spectating activity for a majority of South Koreans, but such belief has been progressively changed in the 21st century, as increasing number of citizens begin to participate in sports. With the aforementioned factors such as decreased work hours, higher income, and citizen's high awareness in physical health, sports have become an important part of the public's leisure time and its popularity is higher than ever. Most importantly, the high level of interest in sports has naturally translated to the growth of club sport activities and its pace continues to progress.

In South Korea, a club sports are highly community based where individuals in each community form an organization based on the interest of a particular sport or activity. A community sport can range from a commercialized corporation to individually formed groups. Although, most sports clubs do not limit participants of all gender and ages, some clubs are strictly designed to accept members based on the affiliation of community. For example, many sport clubs are established for office workers only and some organizations are strictly

student-based. In addition, sport club can be categorized based on competitiveness although a majority of clubs are non-elite and recreational with the main purpose of fun and relaxation.

According to the most recent white paper published by Korean Ministry of Culture, Sports and Tourism, the number of club sport organizations in 2012 was reported to be 81,882 with 3,646,013 total participants. Such numbers are an increase from 2011 by 7,098 clubs and 564,565 participants. In fact, in 1998, the numbers of club sport organizations were only reported to be 31,257 with 1,173,837 participants, which showed that the number of participation has tripled in the past 16 years (Korean Ministry of Culture, Sports and Tourism, 2012).

With regards to the recent spurt in the growth of sport clubs, South Korean government has been promoting the establishment of club sport league to encourage the public's current interests of club participation. There are ten sports (soccer, badminton, gate ball, table tennis, tennis, futsal, soft ball tennis, baseball, basketball, and billiard) within the league and each sport has competitions on city, province, and district level. In 2012, there were a total of 40,757 clubs with 429,522 participants being involved in the league. Such numbers were a dramatic growth compared to the previous year of 2011 which involved 14,539 clubs and 316,669 participants (Korean Ministry of Culture, Sports and Tourism, 2012).

Apparently, the popularity of club sport participation can be explained by several factors. First and foremost, a belief that participation in sport is directly related to physical health played an important role for many South Koreans to engage in physical activities (Yoo, 2011). Specifically, the study conducted by Kyunghee University researchers investigated physical health status of club sport participants. The result indicated that the male club sport participants with the average age of 48 are reported to be 20 years younger in physical health condition than the standard of 48 year old men. The female participants with the average age

of 38 were also found to be 13 years younger in physical standard than the standard of 38 year old women (The National Council of Sport For All, 2007). The findings strongly suggest that participation in sport is strongly correlated with maintaining a superior physical health status. Other factors that contributed to the growth of club sport participation were the increase of leisure time encouraged by 5-day work week and society's active promotion of a "well-being society" (Yoo, 2011). However, participation in sports may have negative sides. Injuries and accidents are inherent risks of sport participation and the types of injuries can vary from minor ones to catastrophic. Considering the significant increase in the number of club sport participation, it is likely that injuries/accidents may similarly increase.

While injuries and accidents are inherent risks of sports, a proper risk management program can help mitigate such occurrences. This does not mean risk management is a panacea for addressing all types of accidents, but it can serve to minimize and diminish the severity of preventable injuries/accidents that may occur during sport participation. Unlike the United States where the awareness of a risk management policies and practices is higher because of frequent sport-related lawsuits, South Korea is relatively a novice nation in terms of managing risk management strategies and dealing with legal claims that result from sport related incidents. Furthermore, risk management related research has not been undertaken in South Korea to a great extent despite sports being an important part of the culture. Although a paucity of legal claims have been filed in South Korea to this date compared to a litigious society like the United States, such trends may change in near future, as increasing numbers of injuries/accidents from the popularity of club sport participation could potentially translate to more litigation.

In consideration of the aforementioned facts and premises, this study was conducted to determine the risk management practices and litigation status associated with club sport

participation in South Korea. Since there are no existing studies specifically designed to examine risk management practices of club sport in South Korea, this research served to provide a precursory study of sport clubs' legal and risk management considerations for the nation. The findings from this study may influence increasing awareness of sport-related accidents/litigation, and policy development in regards to risk management in sports.

Statement of the Problem

The number of people participating in club sport activities is growing rapidly in South Korea (Korean Ministry of Culture, Sports and Tourism, 2012). However, as Van der Smissen (2003) stated, "it is not possible to have "risk-free" physical activity" (p.323). Considering the fact that a risk of injuries is inherent in sport participation, higher number of injuries/accidents can be a main concern for club sport participants. Furthermore, increasing number of injuries/accidents has potential to yield legal claims against club sport organizations if the injuries were indeed from negligence of the club.

With the recent increase in club sport participation, reported injuries may be higher than ever. However, the existing literatures imply that sport clubs in South Korea are not well prepared to implement an effective risk management program or successfully defend itself from a possible litigation. Moreover, there is no formal legislation or guidelines in managing club sport programs in South Korea. As a result, an adoption of risk management practices and awareness of litigation may be a critical step for South Korean sport clubs to prevent sport-related accidents/litigation.

The Purpose of the Study

Because the participation of club sports is increasing in an unprecedented pace in South Korea with the assumption that the occurrence of injuries/accidents is roughly

proportional to the participation, the purpose of this study has three goals. The first is to investigate the frequency of injuries/accidents and litigation related to club participation. Investigating risk management practices and legal considerations associated with the participation is the second mission. Finally, determining clubs' institutional demographic factors that may affect risk management practices and legal considerations is the third goal for the study. Overall, the findings from this study may influence a continued development of legal and risk management in sport.

Significance of the Study

Effective risk management strategies have proven to reduce the severity and frequency of sport-related injuries and accidents (Appenzeller, 2012). In addition, there is a need for club sport programs to be prepared for possible litigation that may result from critical and catastrophic injuries. Given that risk management and legal awareness are not well considered in South Korea as compared to the United States, the significance of this study was to provide first-hand information about risk management practices and legal considerations in South Korean club sports. The information gathered from the result of this study may assist various sport clubs in formulating enhanced risk management practices and policies to prevent both injuries/accidents and potential lawsuits.

Research Questions

To achieve the purpose of the study, the following research questions were developed:

RQ1. What is the status of injury, accident and litigation associated with the participation in the various South Korean club sport programs as perceived by the club managers?

RQ2. What risk management practices and legal considerations are implemented in the various South Korean club sport programs?

RQ3. Do institutional demographic factors such as type of sport, frequency of club meeting, number of members, average age of members, seniority of members, longevity of club, location of club, and ownership of club have association with risk management practices?

Limitations of the study

The following were the limitations of the study:

1. Because South Korea is not a litigious society in general, participants surveyed were not fully aware of legal concepts and implications included in the survey instrument.
2. The survey distribution was mainly limited to sport clubs in the central region of South Korea. The findings therefore may not be generalizable to all sport clubs in the country.
3. Due to the fact that the comparative literature reviews were conducted based on the studies from the United States, the design of the survey questionnaire may not be ideally compatible with managing sport clubs in South Korea.

Delimitations

Participants were limited to club members of popular sports in South Korea which include soccer, baseball, basketball, badminton, and tennis. Even though other popular sport activities like mountain climbing and skiing had a high number of club participation, they were excluded from the study in light of the fact that these sports were not played in a standardized facility. Therefore, evaluating risk may be difficult because risks may vary depending on the venue of the activity. Other selection criteria of sport clubs included a strenuous nature of the activity; without such component, risks may be significantly lower

than some of the sports that require strenuous physical efforts. Lastly, some sport clubs had several managers, but only one manager from each club participated in the survey.

Assumptions

The following assumptions were applied as the basis for this study:

1. The participants will understand the survey questionnaires.
2. The participants will provide accurate information to the survey questionnaire based on the risk management practices of his or her sport club.
3. The participants will be a manager of sport club or a person who is in a position to evaluate the risk management/legal considerations of his or her club.
4. The measurement of risk management practices/legal considerations is necessary process to protect the long-term operation and management of club sport programs in South Korea.

Definitions of Terms

Automated External Defibrillator (AED)

A device that automatically analyzes the heart rhythm, and if it detects a problem that may respond to an electrical shock, it will permit a shock to be delivered to restore a normal heart rhythm. . . . AEDs have been installed in many settings (such as schools and airports) and serve a role in expanding the number of opportunities for lifesaving defibrillation (MedicineNet, 2012).

Acute Myocardial Infarctions (AMI)

The term "myocardial infarction" focuses on the heart muscle, which is called the myocardium, and the changes that occur in it due to the sudden deprivation of circulating blood. This is usually caused by arteriosclerosis with narrowing of the coronary arteries, the

culminating event being a thrombosis (clot). The main change is death (necrosis) of myocardial tissue (MedicineNet, 2013).

Cardiopulmonary Resuscitation (CPR)

The emergency substitution of heart and lung action to maintain life to someone who has suffered SCA. The two main components of conventional cardiopulmonary resuscitation (CPR) are chest compressions to make the heart pump and mouth-to-mouth ventilation to breathe for the victim. . . . If others are present, one person should attempt to locate an automated external defibrillator (AED) while another administers CPR (MedicineNet, 2012).

Indemnification

An agreement by which one party agrees to indemnify, reimburse, or restore a loss of another upon the occurrence of an anticipated loss (Cotten & Wolohan, 2010).

Independent contractor

A businessperson who agrees to a specific project for a set price. The owner of the contract is responsible for his/her employees (Clement & Grady, 2012).

Liability

The existence of one or more factors which courts find to constitute negligence on part of club sport organization, so that the club's management can be sued by the injured parties.

Litigation

The act or process of bringing or contesting a legal action in court for the enforcement or protection of a right or for the redress of a wrong.

Negligence

Conduct falling below the standard of care required of a reasonable and prudent person in the protection of others (Clement & Grady, 2012).

Risk Management Practices

The preventative measures that club sport managers take to prevent potential injuries, accidents and liability issues. Examples of risk management practices include pre-activity screenings, legal documentation, supervision, etc.

South Korean club sports

A recognized voluntary organization which exists to promote and develop interest in a particular sport. A club may be representative of a specific company or community and may be categorized by recreational, instructional and competitive depending on its mission.

Standard of care

The attention and caution that the average person would exercise in a situation. The three standards of care are reasonable person, special relationship, and professional (Clement & Grady, 2012).

Sudden Cardiac Arrest (SCA)

A medical emergency with absent or inadequate contraction of the left ventricle of the heart that immediately causes body wide circulatory failure. The signs and symptoms include loss of consciousness; rapid shallow breathing progressing to apnea (absence of breathing); profoundly low blood pressure (hypotension) with no pulses that can be felt over major arteries; and no heart sounds (MedicineNet, 2012).

Summary judgment

A decision of a court on the merits of a lawsuit when the pleadings and other documents reveal that there is no genuine issue of material facts, and the party who sought judgment is entitled to it as a matter of law (Clement & Grady, 2012)

CHAPTER 2

REVIEW OF LITERATURE

In this chapter, the literatures regarding risk management and legal considerations of club sport in the United States and South Korea are presented. The conceptual framework for this study is based on risk management practices and legal considerations in the United States because they could serve as a model nation where risk management practices and policies are superiorly established than the rest of the world to defend frequent sport-related litigation. The following literature review includes sections on risk management and sports; components of risk management practices and legal considerations in club sports; review of American court cases related to club sports liability; previous research on club sport and risk management practices; and related research literature in South Korea.

Risk Management and Sport

In the United States, increasing litigation is plaguing the sport industry. From 1980's to the current date, sport related lawsuits have continued to pile up in the courts (Appenzeller, 2012). Moreover, the claimed legal lawsuits are becoming complex, as sport litigation could involve any individuals including athletes, administrators, athletic trainers, coaches, equipment manufacturers, officials, operators of facilities, physicians and even spectators (Appenzeller, 2012). Today, the United States is considered as a litigious society in which no individual is immune from litigation, and litigation may result anywhere from recreational to professional sports. Some of the reported cases indicated that today's lawsuits involve enormous awards: high school baseball players filed \$365,000 suit against school district; teen struck by baseball in batting cage awarded \$1.15 million; and parents sued basketball camp for \$2.5 million (Appenzeller, 2012). These instances illustrated that sport-related lawsuits are diverse in nature and a monetary awards are becoming huge. In light of a

litigious nature of the U.S. society, risk management becomes a necessary step for minimizing sport-related accidents and potential lawsuits. Over the last two or three decades, a process of managing and controlling risks has resulted in the field of risk management (Cotten & Wolohan, 2010). Today, many sport organizations adopt risk management policies and practices to avoid financial and personal injury losses from unforeseen accidents.

With risk management being the main topic of emphasis for this manuscript, the first section of the literature review will address the definition of risk management, the importance of risk management and the theories of risk management.

Definition of Risk Management

While there are many physiological and psychological benefits from participating in sport and recreational activities, risks are always associated with such activities. In the health/fitness context, physical injuries are most commonly occurring risks that could result in medical emergencies (Eickhoff-Shemek, Herbert, & Connaughton, 2009). Risks can also result in damaging financial assets of sport industries, where negligence claims and other lawsuits can be brought by the injured participants due to the internal liability of sport organizations. In this respect, risk management has been defined as controlling a personal injury from sudden, unforeseen, unusual accidents, intentional torts, and financial assets of sport organization (Ammon, 1993). Also, there are several other definitions of risk management. Wong & Masteralexis (1998) defined risk management as “a management strategy to maintain greater control over the legal uncertainty that may wreak havoc on a sport business” (p.90). According to Spengler, Anderson, Connaughton & Baker (2009), risk management is termed as a “course of action designed to reduce the risk (probability or likelihood) and loss to sport participants, spectators, employees, management and organization” (p.46). Lastly, Clarke (1998) explained risk management as a term that experts

agreed on for implementing all the possible strategies one can consider for dealing with such risks. Risk management, however, is not a panacea, but it serves as a method to minimize the both inherent and negligence driven risks within activities and services provided by an organization without changing the fundamental nature of the activity itself (Cotten & Wolohan, 2010).

Importance of Risk Management

Living in a society with persistent litigation, a significant number of sport industries over the last 30 years have fallen victim of lawsuits. A society in the 21st century will not tolerate even a minor negligent act by a sport organization and that sport managers will be personally accountable for the entire organization's wrongdoings. Indeed, the fact that injury occurs does not mean one is liable; it is the law that expects sport managers to take every preventative measures to avoid legal lawsuits. Accordingly, risk management should be considered as any other organizational missions, such as budgeting, scheduling, insurance coverage, contracts and other important duties (Appenzeller, 2012).

The National Center for Injury Prevention and Control has reported in 2003 that seven million Americans received medical care from sport and recreation related accidents each year (Herbert, 2003). Due to the rising occurrences of sport related injuries and legal lawsuits, risk management in sport professions is becoming an inevitable component of an organization's mission. Therefore, a development of a sound risk management practices is imperative in today's sport industry to protect participants from sustaining injuries and possibly filing legal lawsuits.

Theories of Risk Management

There are several risk management theories that have been used over the years (Kaiser, 1998; Miller, 1989; Berlonghi, 1990; Head & Horn, 1991; Carpenter, 1995; Clement, 1998; Madden, 1998; Mulrooney & Farmer, 1998; Fried, 1999; Ammon, 2001; Hronek & Spengler, 2002; Peterson & Hronek, 2003). The primary distinction between risk management theories is based on a number of steps or processes while some theories' concepts are identical, and yet, only differ in the name of the process. Also, some risk management theories may be applicable to certain sport setting while some may not. Hence, the effectiveness of risk management theory is indeed contingent on a compatibility of the sport environment, and it would be difficult to judge the best model. In the following section, Ammon's (2001) D.I.M. process will be discussed in depth since the components used to create this plan will be similar regardless of types of organization. Furthermore, D.I.M. process may be applicable to the risk management strategies for sport clubs in South Korea.

Ammon's (2001) D.I.M. process may reduce a chance of litigation when it is used as an anticipatory technique rather than reactionary procedure (Cotten & Wolohan, 2010). As the letters "D", "I", and "M" indicate, the D.I.M. theory is a three step process that includes (1) Developing the risk management plan; (2) Implementing the risk management plan; and (3) Managing the risk management plan (Ammon, 2001).

The first phase of the D.I.M. process-developing the risk management plan is divided into the three separate stages: (1) identifying the risks, (2) classifying the risks, and (3) selecting methods of treatment for the risks. First, in the identification stage, sport managers need to identify a potential risks that are likely to occur in the program (Ammon, 2001). In order to effectively achieve risk identification, categorizing the risk such as (1) public liability caused by negligence in program services, (2) public liability without negligence, (3) business operations, and (4) property exposures, should be considered (van der Smissen,

1990). Once the foreseeable risks are identified, the next step is to classify the risk. Classifying risk means determining how often (frequency) the risk may occur and the degree of severity that may arise from the risk. Sport managers, based on his/her experience and training, can assign frequency of risk as “high,” “medium,” or “low” and severity of risk as “catastrophic,” “critical,” “moderate,” or “low.” A treatment of risk would be the next step which is the final stage of developing the risk management plan. Generally, there are four treatments that can be used by sport managers: (1) avoidance of the risk, (2) transfer of the risk to another party, (3) retention of the risk by the organization, and (4) reduction or control of the risk. Risk should be only avoided when a danger caused by the activities are catastrophic with medium or high frequency (Ammon, 2001).

Transferring risk commonly occurs when risk is not substantial to eliminate the activity or when risk is perceived to be overwhelming for the organization to handle on its own (Ammon, 2001). Contracts are an important means of transferring risk, which may include waiver, indemnification clauses and independent contractor. When an individual signs a waiver, that person is voluntarily giving up the right to sue the service provider for any wrongdoings. However, a waiver does not protect the service provider from gross negligence. Indemnification clauses generally provide stipulation for leasing parties to be compensated by the service provider for any damages that may occur. Requiring indemnification clause when renting a facility can be commonly observed. Hiring an independent contractor also may be beneficial for the leasing organization since the independent contractors are responsible for their own negligence. Hence, the service provider would be immune from the independent contractor’s negligence (Ammon, 2001).

Retention is the third component of treating risks. When an organization decides to keep the risk, they need to make the activities safe as possible and assume the responsibilities

for potential injuries or financial damages that may occur as a result of these activities. Risks with low severity with low to medium frequency generally call for retention (Ammon, 2001).

Reduction is the fourth method of treating risks. The primary goal of reduction is to simply reduce the risks that may cause injury or litigation. Indeed, certain injuries are the proximate cause of inherent nature of the activity, but frequency and severity of injuries can be minimized by several appropriate reduction techniques (Ammon, 2001). Specifically, spraining an ankle is an inherent risk in the game of basketball, but such injury can be reduced by mandating the wearing of ankle braces.

The second phase in the D.I.M. process is the implementation of risk management plan. Implementing risk management plan can be successfully accomplished through effective communication between all employees. In other words, each individual in the organization must understand the overall mission of the risk management as well as his or her roles when the plans are executed. In addition to the oral communication between employees, communication through a printed risk management guideline is recommended. Lastly, a sound training program is another way to establish an effective implementation of risk management plan. Such training program must address a communication of the responsibilities, development of professional judgment and decision making, and credential education/training (Ammon, 2001).

Managing risk management plan is the third and final phase of the D.I.M. process. In order to properly manage the plan, designating a risk manager and risk management committee would be the first step. The selected risk management personnel would be responsible for monitoring a risk management plan, implementing changes, assisting in fostering a genuine risk management attitude among other employees, conducting inspections, reviewing accidents, and supervising in-service training (van der Smissen, 1990). Once a risk manager or risk management committee is formed, “authority to lead” needs to be provided,

particularly in the policy statement of the organization, since it provides a foundation for the plan. Thus, the statement should outline and define the authority of the person responsible for administering the plan. The support from the management staff is also critical in implementing a risk management plan. Without verbal and financial support from the management, a risk manager or risk management committee cannot sustain a sound risk management program. The third and final step in managing the risk management plan is to provide employees with the opportunity for continual input into the plan. Since risks can constantly change depending on a various situations of the organization, the assessment of risk should also remain flexible. Lastly, a successful risk management plan should be a collaborative effort; employees, supervisors, and managers of all levels need to interact with each other to contribute their own expertise into the risk management plan (Ammon, 2001).

Components of Risk Management Practices and Legal Considerations in Club Sports

Understandably, there is no uniform standard of risk management for sport organizations. Risk management practices can vary depending on the activities or programs served by an organization. However, certain categories of risk management techniques are critical in reducing accidents and litigation, and must be present for all of sport related programs. With regards to risk management practices of club sport programs in South Korea, which will be the main focus of this manuscript, the following components were selected to measure the risk management compliance: legal documentation, pre-activity health screenings, medical emergency action plans, facilities/equipment, supervision, trainings and transportation. The following section will discuss each of these risk management categories.

Legal Documentation

Signing a waiver is commonly observed practice when individuals choose to participate in sport or recreational activities. In the United States, a majority of recreational sport programs require the participants to sign a waiver or a release of liability before they begin to enroll in the program. By signing a waiver, participants are agreeing not to sue the service provider when they suffer injuries as a result of being involved in that program. According to Cotten (2007), “the waiver is usually meant to protect the service provider from liability for ordinary negligence of the service provider or its employees” (p.85). In the meantime, signing a waiver does not protect one from gross negligence.

Despite general effectiveness of a waiver in releasing liability of a service provider’s negligence, not all waivers can stand up against the court. The most effective waivers adhere to a strict guideline, including proper vocabulary and sentence structure. The contents also need to be clearly identified and easy to read (White & Cardinal, 2004). Additionally, font sizes are recommended to be above 12 point to ensure readability (Cotten & Cotten, 1997).

For school and youth sport programs, minors cannot lawfully sign a waiver due to their legal incapacity as under the age of majority. In this regard, most youth sport programs require parents to sign a document on behalf of their children, as to provide a line of defense that may result from injuries or death of their children (Eickhoff-Shemek et al., 2009). In addition to a waiver’s ineffectiveness when it is poorly written, waivers are not effective in all states in the U.S. Most importantly, the effectiveness of a waiver has not been thoroughly researched in South Korea. Although signing a waiver can be occasionally observed in South Korean health and sport related programs and facilities, it is likely that such practice may not be prevalent for club sport programs yet.

Pre-Activity Screening

The primary purpose of pre-activity health screening is to identify those individuals who may have any medical health risks that could lead to life-threatening situations, such as sudden cardiac arrest or stroke. Previous medical research indicated that a regular physical activity is known to mitigate a chance of cardiovascular disease (CVD). At the same time, vigorous and excessive exercise could increase a risk of sudden cardiac arrest (SCA) and acute myocardial infarctions (AMI) for individuals with the preexisting conditions of cardiovascular disease (Whaley, 2006). With the chance of such risk factors from sport participation, pre-activity screening attempts to identify those who have a cardiovascular disease but are not aware of it. Even without medical experts, assessing sign/symptoms associated with a CVD is the effective way to screen participants with physical risk factors (Eickhoff-Shemek et al., 2009).

For most health and fitness organizations, pre-activity health screening process involves three steps: (1) obtaining health information from a participant using some type of a screening device; (2) determining from the health information obtained whether or not the participant should receive physical clearance, and (3) informing participants of an inherent risks associated with the physical activity prior to the participation (Eickhoff-Shemek et al., 2009). When going through such process, health/fitness professionals should be cognizant of federal, state and administrative laws that apply to pre-activity health screening process. Additionally, a risk management advisory committees need to review pre-activity health screening process whether it applies to their own health/fitness organizations (Eickhoff-Shemek et al., 2009).

Medical Emergency Action Plans

The National Electronic Injury Surveillance System All Injury Program (NEISS AIP) analyzed that between July 2000 and June 2001 in the U.S., the estimated incidents that required hospital emergency department visits were 4.3 million (Centers for Disease Control and Prevention, 2002). A majority of the sustained injuries from sport participation may be minor, but life-threatening injuries seldom occur without any warnings (Andersen, Courson, Kleiner, and McLoda, 2002). Indeed, one of the common mistakes for many sport organizations is that they imagine exactly what to do in the case of emergencies. However, the reality may posit that only a few sport organizations actually have a specific plan when they encounter crisis situations. One national study conducted in 2001 involving more than 400 health/fitness facilities revealed that 79% of them had a written Emergency Action Plan (EAP), but only 61% had taken the specific steps to ensure all their staff members know how to implement the EAP (Eickhoff-Shemek & Deja, 2002). Therefore, it is important to have a professional responsibility for developing a specific emergency action plans since the absence of EAP or failure to implement such procedures may result in a negligence claim.

A medical emergency action plans in the context of club sports include appropriate medical care, such as first-aid, cardiopulmonary resuscitation (CPR) and a proper use of Automated External Defibrillator (AED). All emergency plans should include the availability of first-aid kits and access to all relevant emergency phone numbers (Tillman, Voltmer, Esslinger, & McCue 1996). In addition to the mere presence of first-aid kits, it is important to understand the specific procedures for using it when injuries/accidents actually occur. Other important medical EAP is maintaining a proper documentation of all accidents and injuries. Following an incident, the information such as date and time of the accident, person in charge at the time of the accident, complete information about the injured individuals and any statements from the witnesses should be documented promptly (van der

Smissen, 1990). Furthermore, other relevant information should be recorded, including the location of the accident, the sequence of the activity, the procedures followed in rendering aid, and any other preventative measures taken to render the injured individual (van der Smissen, 1990).

To avoid a worst case scenario from sport participation, maintaining an injured person's cardiovascular and central nervous system is critical. In this regard, it is imperative that a manager or other designated individuals within the sport club to be certified in CPR. In the U.S., the American College of Sports Medicine requires all personnel involved in the exercise-related programs to be certified in basic CPR (American College of Sports Medicine, 2012). Given that *Kleinknecht v. Gettysburg College* court case established a mandatory presence of CPR-trained personnel at the site of playing facilities, sport clubs in South Korea should be aware about the importance of handling emergency care to avoid the similar litigation (*Kleinknecht v. Gettysburg College*, 1993). With a relative ease of obtaining CPR certification from a various organizations, mandating CPR would be a reasonable risk management practice to all club sport program in South Korea.

The presence of Automated External Defibrillator (AED) is also critical in saving lives of people who suffer sudden cardiac arrest while playing sports. An AED is a battery-driven device that administers an electric shock through the chest wall of a person who has suffered cardiac arrest (Connaughton & Spengler, 2001). The significance of AED is saving lives on a given amount of time before the medical experts arrives. In fact, the findings from the Mayo Clinic showed that the lives are saved or lost within six minutes after the accident (Davis, 2003). Although cardiac arrest occurs sporadically in sport-related settings, several incidents involving sudden cardiac death has happened in the past. Van Camp, Bloor, & Sueller (1995) mentioned that an average of sixteen sudden cardiac deaths occur annually among the U.S. high school and college athletes. In this regard, a placement of AED in given

sport facilities is becoming an important issue for victims of cardiac arrest, and it is strongly recommended that sport facilities in South Korea need to be equipped with AED as well as a proper training on how to use it.

Facilities and Equipment

It is likely that a majority of sport clubs in South Korea are leasing a gym or outdoor field from either an academic, municipal, or private institution for their activities.

Accordingly, club managers are exempt from having a legal responsibility to maintain a safe environment for their members. In other words, liabilities from an unsafe facilities or equipment would be transferred to a manager of the facility.

For the most part, two of the major risk management practices involving facilities and equipment are inspection and maintenance (Appenzeller, 2012). Sport facility managers have a duty to inspect all premises of a facility/equipment on a regular basis. For example, it is recommended that a ground surface should be inspected for potential debris, slippery or uneven surfaces, or other environmental hazards (Dougherty, Auxter, Goldberger, & Heinzmann, 1994). Maintenance is another important part of prudent facility/equipment management. When a facility or equipment is considered to be unsafe, it should be discarded or stored securely until fixed (Dougherty et al., 1994). For instance, a soccer goal post should be periodically maintained to ensure that its base is firmly locked to the ground. Since an unlocked soccer goal post could tip over and cause a catastrophic injury to soccer players, it should be stored in a secured place until the problem is fixed.

Another part of preventing injuries from a use of facility or equipment is to post a sign that warn users, participants and spectators about the presence of hazards or dangers that are not readily apparent. Also, informing participants about the inherent risks of the activity

while using a facility or equipment is an important step to prevent injuries/accidents (Cotten & Wolohan, 2010).

Other Legal Concerns

The additional risk management and legal concerns involving club sport programs may be determining appropriate supervision, hiring trained officials/referees, and transportation issues. Some of these risk management practices may not be applicable to all club sport programs in South Korea because such risk management practices may be contingent on a size of the team, types of sport or location of the activity.

Physical supervision of activities is recognized as one of the most important areas of preventing litigation in the field of sport (Dougherty, 1993). However, it may be questionable to implement a physical supervision for some sport clubs in South Korea since most of the clubs are leasing a facility where no supervising staff is available during the club meetings. Despite the lack of available supervising personnel in South Korean sport facilities, they should be aware that a hosting facility has a duty to supervise the activity (Gaskin, 2003). Some of the factors to consider in providing an appropriate supervision are to find out a level of danger associated with the activity and a probability that the presence of supervisor would have prevented an injury (Schneider et al., 2008).

Hiring a trained official or referee is also critical in dealing with legal liability issues. According to van der Smissen (1990), “the sound judgment and decision-making capabilities of the personnel becomes a critical element to carrying out properly the reduction of risk program” (p.21). Even though hiring official or referee may not apply to all types of sports, it is important to be aware that a club sport manager may be held liable for hiring an unqualified referee or officials (Wong, 1994). Additionally, a club manager should take a specific step to check whether the official or referee holds an appropriate certification for the

designated positions, including CPR, first-aid and emergency procedure training (McGregor & Associates, 2000).

In South Korea, sport clubs' transportation related risk management may be somewhat questionable area of emphasis due to the fact that most of the competitions are played locally. Because most away competitions do not require a long distance travel, it is expected that a club members would use their own vehicles or other method of transportation on an individual bases. However, in the case when a club needs to travel as a team, a manager of the club should be aware of the legal liability issues on traveling. Indeed, using an independent contractor offers the best legal option for sport clubs since a contract for the service shifts liability to the contractor (Pittman & Lehr, 2003). On the other hand, despite legal protection, hiring independent contractor is costly, as most sport clubs may not have enough budgets to pay for a chartered bus. Another important issue to consider for club sport travel is a use of a 15-passenger van. When ten or more occupants are loaded into a 15-passenger van, the rollover ratio is 70% and the rollover factor is three times more likely than loading less than five or fewer occupants (NHTSA, 2004). Additionally, a 15-passenger vans should be driven by a competent driver, and loads on a roof of the vehicle should be avoided because it increases rollover risks as well (NHTSA, 2004).

Review of American Court Cases

The purpose of this section is to review the American club sport-related court cases to highlight the importance of risk management and legal considerations in managing sport clubs in South Korea. Due to the dearth of South Korean published court decisions on club sport liability, a review of the American court cases may enhance the understanding of future sport-related litigation in South Korea although the basic legal system is different between South Korea (civil law) and the U.S. (common law). In fact, South Koreans are generally

less litigious than the Americans, as many Koreans do not blame a service provider for their fault or negligence and move on without any compensation. As such, a lack of litigation related to sport-related accidents may be the result of Korean society being less litigious in general. Besides, most South Korean citizens have ambiguous understanding of the process of filing a lawsuits as well as the complication of civil litigation.

A majority of the following American court cases are not directly related to the club sport liability that is foreseeable in South Korea. Some court cases have occurred in the university, recreational or high school settings, and yet, the decisions obtained from these American court cases may help address the management of South Korean sport clubs. The search method of the court cases was utilized by Lexus/Nexus Academic Universe, an established legal search engine. Due to the large-number of search results even after filtering out with the specific key terms, the selection of the court cases were determined by the relevant type of liability issues that are likely to occur in South Koreans club sport context. In consideration of such criteria, a total of the eight American court cases have been selected to discuss the importance of risk management and legal considerations that are applicable to South Korean club sports.

One of the prevalent court decisions demonstrating the need for emergency planning in the club sport program is *Kleinknecht v. Gettysburg College* (1993). In this case, Drew Kleinknecht died of cardiac arrest during the practice session of the intercollegiate lacrosse team. The mother of Drew Kleinknecht filed a lawsuit against the Gettysburg College for wrongful death and survival action. The court first held that the college had no legal duty to anticipate and protect against a chance of fatal arrhythmia in a young and healthy athlete. However, on appeal, the court determined that the college must provide “prompt and adequate emergency services while engaged in a school-sponsored intercollegiate athletic activity for which the athlete had been recruited” (*Kleinknecht v. Gettysburg College*, 1993).

In fact, no team coaches on the site were certified in first aid or CPR to provide prompt emergency and medical care. Furthermore, athletic trainers were not present and the nearest telephone was about 200-250 yards away from the practice site. Although the college was not required to have athletic trainers available at the practice, they should have required emergency response planning along with appropriate emergency care to render the injured athletes. Considering the aforementioned facts, the case was reversed in favor of the plaintiff. The overall lesson from this case is critical for many club sport organizations, as they may face similar circumstances where athletes collapse and die from cardiac arrest without any warning. Hence, planning for medical emergency situation is critical for ensuring prompt and proper emergency medical care.

Monaco v. Raymond (1984) underscored a need for pre-activity health screening in organized sport programs. In this case, a high school student died of the heart problems while playing football. The investigation revealed that the student had a long history of heart illness in which he should have been prevented to play football at first hand. Henry Monaco, who was the director of the interscholastic athletic program, permitted the student to play football without any required physical examination or parental permission. As a result of such negligence, the letter of reprimand was placed on Mr. Monaco's file. The letter reprimanded for "a failure to ensure the implementation of the rules and regulations for the operation of the interscholastic program" and Mr. Monaco was relieved of his responsibility for the operation of the physical education and interscholastic programs. Although Mr. Monaco retained his tenured position as the administrator since he was not charged with either incompetency or misconduct within the meaning of the statute, this case emphasized the importance of pre-activity health screening process. If Mr. Monaco required a physical documentation and parental permission from the student, the student's death may have been prevented. A situation similar to this can occur to club sport organizations because it is

common to observe the instances where individuals die from sudden heart related problems while playing sports. Therefore, adopting policies and procedures in regards to pre-activity health screening is an important risk management practice that should be considered by all club sport programs.

The issues on both pre-activity health screening and emergency planning can be found in *Rutnik et al. v. Colonie Center Court Club, Inc., et al.* (1998). The summary of this case involved a 47-year-old Michael Greenberg (decedent), who was an experienced racquetball player, collapsed and died of cardiac arrest while participating in the tournament sponsored by the American Amateur Racquetball Association (defendant). The lawsuit involved the alleged negligence on the part of the sponsor and the center in three areas; first, defendants failed to conduct pre-activity health screening to ensure whether Mr. Greenberg was in a good health condition before permitting his participation in the tournament. Second, defendants were negligent in failing to have AED present in the location of the tournament. Third, defendants failed to warn Mr. Greenberg about the inherent risk of the activity. However, the decisions of the court premised upon the fact that the sponsor did not control the tournament and the decedent had assumed the risk when he volunteered to participate in the tournament. In fact, Mr. Greenberg was an experienced racquetball player who was aware of racquetball's strenuous nature of physical activity and that he should have understood such physical strain that could cause cardiac failure. Moreover, although the American Amateur Racquetball Association failed to possess AED at the tournament facility, they implemented the sound emergency management procedures by conducting CPR shortly after Mr. Greenberg collapsed. Moreover, the rescue squad arrived at the scene within five minutes of the accident. Based on such evidence, the court reversed the trial court's denial of the defendant's motion for summary judgment brought by the executor of the decedent's estate. Even though the defendants prevailed in this case, they could have prevented Mr.

Greenberg's death by implementing more stringent procedures with regards to pre-activity health screening at the registration of the tournament. Additionally, having AED in the tournament facility can be critical factor for life and death. While the defendants performed emergency procedures in a prudent and efficient manner, it is also highly recommended that AED be present in the location where the activity is strenuous in nature.

Another issue in regards to medical emergency planning can be found in *Mogabgab v. Orleans Parish School Board* (1970). In this case, Robert Mogabgab was a 16 year-old high school football player who died during the practice, caused by the complication of heat stroke. The death was allegedly reported to be a result of the negligence of school district personnel who failed to provide a reasonable safeguard to prevent the accident and a prompt treatment when the injury or sickness occurred. In fact, there was considerable dispute with regards to what football coaches should have done. Initially, the blanket was placed on the Mr. Mogabgab who was transported to the cafeteria floor. While Mr. Mogabgab was lying on the floor, the football coaches were unsure about what steps to take next. Meanwhile, the medical expert demonstrated that putting a blanket on a heat-illness victim is ill-advised and this could have worsened Mr. Mogabgab condition. Perhaps, it is likely that an implementation of appropriate medical attention would have prevented the Mr. Mogabgab death. Ultimately, the judgment was entered against only coaches for the negligence of a standard of care, and monetary damages were awarded to the plaintiff. Again, as it was discussed in *Kleinknecht v. Gettysburg College* case, having a reasonable and appropriate planning in case of medical emergency is imperative in sport activities. A presence of the personnel with appropriate certification such as CPR/first aid along with planned emergency procedures could make a difference between life and death.

Kyriazis v. University of West Virginia (1994) case dealt with the issues on a legal documentation in regards to participation agreement. In this case, Jeffery Kyriazis joined the

state university's rugby club and signed "West Virginia Sports Club Federation, Rugby Club, Release, Waiver, and Participation Agreement." While playing in his first match, Mr. Kyriazis was injured and left the game after feeling dizzy and losing his balance. Later, the medical expert found out that Mr. Kyriazis suffered basilar-artery thrombosis, a symptom that may cause paralysis, impaired consciousness and loss of vision (Medscape, 2014). Consequently, he filed a complaint against the university's rugby club for damages in excess of \$100,000. As a defense to the complaint, the defendant asserted that the signed release barred the plaintiff's claim. However, the evidence in the record suggested that the release's policy had several errors: (1) the anticipatory release is contrary to the public policy of the State of Virginia; (2) the release was unconstitutional under the Constitutions of the State of West Virginia and the United States; and (3) the policy was made without the approval from the Director of Student Activities, the university president, or the board. Therefore, the release signed by Mr. Kyriazis did not bar recovery because it violated "certain remedy" principles. The primary lesson found in this case was creating a valid release documentation that can stand up against a court. In order for a release to be effective in preventing liability, it should reflect a public policy and be reviewed by an appropriate personnel.

Another case that discussed the issue regarding a release of liability is *Lemoine v. Cornell University* (2003). In this case, Nadine Lemoine sustained the injury when she fell from the climbing wall at the defendant's university while she was climbing the rock course. The complaint was made that the floor was "virtually unpadded" which may have aggravated Ms. Lemoine's injury. Originally, Ms. Lemoine had signed the release to hold the defendant harmless from any liability that may be caused from climbing the wall. The release unambiguously acknowledged the inherent risks of the rock climbing, including the risk of injury from falling off the wall onto the floor below. In addition, the release stated that the defendant is harmless even when a participant sustains an injury from climbing the wall in

the absence of any supervision. Considering the aforesaid facts and the plaintiff's signature on the release, the decision was made in favor of the defendant. Unlike the result from the previously discussed case of *Kyriazis v. University of West Virginia*, the facts disputed in *Lemoine v. Cornell University* case demonstrated that the Cornell University had adopted a sound policy on the release. The statements on the release were explicit and relevant to the potential liability issues that may occur from the activity that the provider holds. Therefore, it would be important for club sport programs to adopt a release that can immunize an organization from a possible litigation.

Nganga v. College of Wooster et al. (1989) presented an important issue with regards to necessity of supervision in sport activities. In the intramural soccer game hosted by the College of Wooster in their own intramural playing field, David Nganga was slide tackled by the opponent and broke his ankle. Mr. Nganga brought this cause of action against the opposing soccer team for intentional tort and against the College of Wooster for negligence. Specifically in regards to negligent supervision, Mr. Nganga alleged that the college failed to supervise the game safely, considering the fact that the opposing team was known for rough plays. However, Mr. Nganga failed to show enough evidence that his injury was a proximate cause of the negligent supervision because the officials were calling frequent fouls throughout the game. The court noted that a person who sustained an injury in a high contact sport could seek redress only when the injuries were a result of reckless or intentional conduct of an opponent. More importantly, the injury sustained by Mr. Nganga was a reasonably foreseeable consequence of his decision to assume the inherent risks in soccer, where a high level of contact is part of the game. All in all, this case implicated the importance of supervision for sport activities, particularly on the responsibilities of an official. Sport officials have responsibility to mitigate risks in a game by calling fouls on dangerous plays that can potentially lead to severe injuries. In a club sport programs, managers must

check whether the officials received an appropriate training and certification before assigning them to an officiating duties.

An incident that resulted from an unsafe facility can be observed in *Henig v. Hofstra University* (1990). In this case, Greg Henig was a student who filed a lawsuit against Hofstra University for allowing the play in the dangerous field conditions while participating in the intramural football competition. Mr. Henig alleged that he sustained the injury from the fall because the university permitted a “hazardous and dangerous condition” on the football field. In fact, the field condition was described to be “uneven, rough, and full of holes.” Accordingly, Mr. Henig filed a lawsuit, claiming that allowing such dangerous field condition is a result of the defendant’s negligence, and his injury was a proximate cause of such negligence. The university filed a motion for summary judgment based on a doctrine of an assumption of risk, arguing that the hole in the football field was a foreseeable risk factor. However, the court denied the university’s motion for summary judgment and decision went in favor of the plaintiff. With respect to a prudent facility management, sport managers have a duty to inspect the premises by repairing or removing hazards. Also, as this case illustrated, it is important to identify a latent or hidden hazards that may be difficult to find during a facility inspection.

Previous Research on Club Sports and Risk Management Practices

To mention some of the scholarly works that addressed both the risk management and legal consideration in South Koran sport context, one study conducted a research on liabilities of sport/fitness centers, including legal considerations for sport centers in South Korea (Kim, 1996). Another study centered on a status of the implementation of AED in South Korean health/fitness facilities (Park, 2012). However, a specific study on South Korean club sport risk management and legal liabilities has been elusive to date. Meanwhile, a plethora of

published studies in the U.S. have dealt with risk management practices of a various sport programs. With an increasing awareness of risk management and legal liability issues in the field of sport and recreation, numerous recent studies have investigated specifically on a recreational and club sport related risk management issues. The following are some of the examples.

Schneider et al. (2008) investigated the legal practices of a collegiate club sport programs by surveying all six National Intramural-Recreational Sports Association (NIRSA) regions. This study analyzed the risk management practices, such as legal documentation, club sport travel, coaches of club sports, and other legal concerns. The findings suggested that although the use of a waiver is prevalent among the various sport clubs, an inconsistency of the language and format were the main concern. Transportation was another legal concern for the club sport programs. There was a lack of travel policies despite having frequent off-campus competitions where many participants are traveling in a personal vehicles and rental vans. In regards to coaches of sport clubs, a majority of the coaches were volunteers and players, and they are not required to be certified in first aid, CPR or AED. Moreover, club sport programs do not require medical exams, physical supervision, medical care, presence of ambulance at home competitions, and access to athletic trainers. The overall research findings from this study revealed that more risk management practices are needed to be in place to prevent possible legal lawsuits. The researchers also suggested that each institution needs to refer to a legal counsel before implementing the risk management practices (Schneider et al., 2008).

A similar research has been conducted aside from the previously mentioned study by Schneider et al. (2008). Also in 2008, Stier et al. researched the risk management policies, practices and procedures of intramural activities at the NIRSA institutions. A survey was distributed to the NIRSA campus recreation directors on a various measures of the following

areas: (a) documentation, (b) medical factors, (c) rules and regulations, (d) physical supervision, (e) sportsmanship rating systems, (f) restrictive policies, (g) safety devices, (h) officials-tests-qualifications, and (i) background experiences and training of the respondents. The researchers analyzed these categories based on institutional size, location, and public or private ownership. The notable findings illustrated that the institutions with the higher number of students were implementing slightly more risk management practices, policies and procedures than the smaller institutions. However, there were no significant findings based on the location and ownership of the institutions (Stier et al., 2008).

In 2009, Miller, Young, and Martin conducted a study on the status and perception of the waivers in the intramural sports in light of the fact that utilizing waiver is an important part of an organization's risk management practices. The purpose of this study was to evaluate how the intramural sport programs in universities were using the waivers to protect legal liabilities, since an increasing number of injuries have occurred in a quotidian basis over the past years. After gathering the survey data from 54 Division I institutions, the notable findings suggested that 91% of the respondents have experienced significant injuries that required emergency medical service or hospitalization in the past five years. However, despite a major concerns on injury rates from playing intramural sports, more than half of the institutions (54%) did not require participants to sign a waiver, and 60% responded that their perception toward a waiver is negative; they believed that a waiver is not an effective way to prevent legal claims initiated by the intramural participants (Miller, Young, & Martin, 2009).

Another study conducted by Lee, Farley, and Kwon in 2010, investigated a relationship between the effectiveness of risk management practices and the reported injury rates of participants in the recreational sport programs of Division I-A universities. Additionally, the study also examined a relationship between the risk management practices and an annual operating budget of the recreational sport programs. The overall findings

revealed that 76% of the responding programs were implementing a risk management plan with the supervision being the most prevalent practice, and inspection procedure being the least important component of the plan. In fact, an implementation of the risk management plan was significantly related to the number of reported injuries. More specifically, the universities with the risk management plan had a less number of severe injuries reported than the universities without a risk management plan. Moreover, the university's size of annual operating budget had a significant relationship with the risk management plan. The analyzed data reported that the universities with at least \$100,000 of annual operating budget had more comprehensive risk management plans than the universities with less than \$100,000 annual operating budget (Lee, Farley, & Kwon, 2010).

In Australia, Abbott et al. (2008) conducted a longitudinal study on a relationship between the risk management trainings and the safety practices of the community soccer clubs. The 76 clubs (32 intervention & 44 control) in four community soccer associations in Sydney, Australia were controlled before and after the test. Specifically, the intervention group was given a 2-hour training session on the risk management strategies with the emphasis on the injury-prevention concepts and models. The results of the study found that the intervention group's risk management practices were more effective than the control group, as the intervention group engaged in the safety practices progressively toward the end of the season. Furthermore, the risk management practices of the intervention group were even more effective than the control group after the 12-month follow-up. The overall findings indicated that risk management trainings are an effective method for community soccer clubs in Sydney, Australia, in terms of having a positive impact on keeping safe activities for a long-term (Abbott et al., 2008).

Related Research Literature in South Korea

Relevant Studies

To date, a specific study that addressed risk management and litigation status of club sports has not been found in South Korean literature. The history of risk management and legal issues of sport in South Korea is fairly short and provisions of such issues are currently insufficient. Despite a dearth of knowledge in the field, a few studies have been found that dealt with risk management and legal issues in regards to managing sport organizations in South Korea.

In 1999, Han conducted a study on the legal responsibility of sport participants when they suffer a sport-related injuries and accidents. The purpose of this study was to investigate a basic law system, liability issues and precedents related to sport accidents, in order to educate sport practitioners about legal responsibilities. The study also discussed a duty of care in sport environment and civil rights of individuals who participate in sports. In addition to the legal responsibilities of sport participants, Yeon (1999) supplemented the aforesaid issues by discussing legal responsibilities of service providers, coaches, manufacturers of defective sporting products, and several other parties who may involve during a sport incident. In consideration of South Korea's nascent legal system in dealing with sport-related incidents, the author suggested a need for the development of a sport-specific law to set a case precedent for future reference.

The study conducted by Choi (2004) discussed legal responsibilities of a defendant and how to provide an immunity provisions in sport-related litigation. The main focus of this study was examining an inherent risk of sport with the argument that an injury caused during a sport competition under the boundary of rule is justified. Unless an injury is caused by the reckless conduct of defendant, the researcher concluded that injuries have to be understood as a part of inherent nature of sports, and participants have to be aware of the associated risks

prior to committing participation. Similarly, Lee's published study in 2008 focused on justification of a service provider's immunity from legal liability of sport accidents. In other words, a primary assumption of risk was the main topic of the study; the researcher discussed the three elements needed to establish a primary assumption of risks, which included an inherent risk of the activity, voluntary consent of participants, and participants' knowledge, understanding and appreciation of the inherent risk of the activity.

Finally, Shim (2003)'s study was centered on the defense to criminal liability from sport-related accidents. The study provided the basic information regarding criminal legal liability and remedies pertaining to sport accidents. The study examined both the domestic and foreign case precedents of sport-related incidents and analyzed the specific elements for criminal liability. However, the study concluded by stating that more domestic case precedents are needed to fully establish a legal standard due to the complicated nature of sport-related incidents.

Review of South Korean Court Cases

In South Korea, there are a total of 23 identified court cases that relate to sport-related litigations. The first sport lawsuit was brought to the court in 1993 and the number of litigation has been constantly increased over the years. Among the identified court cases, 18 out of 23 lawsuits were filed during the last ten years. Such trend posits that South Korean society is becoming more litigious with the popularity of sport participation. Also, many of the reported court cases have been filed as a result of injuries and accidents from the several different sports, including basketball, soccer, golf, ski, and badminton. Although only few court cases have been brought from the organized sport activities, it is highly predictable that the increasing club sport participation will lead to more litigation in near future. The

following are some of the examples of a notable court cases that have occurred in South Korean club sport-related context.

In 2010, Mr. Kim, a member of the soccer club was injured by the opponent during the community sponsored soccer tournament. While Mr. Kim was about to pass the ball to his teammate, he was back tackled by the opposing player, Mr. Ko. Consequently, Mr. Kim suffered a torn anterior cruciate ligament and brought a legal claim to the court. The plaintiff asked for the total damages of 72,042,066 Won (\$67,000) for the sustained injury, but the court determined that the injury was not a proximate cause of the defendant's action. In fact, the plaintiff suffered the injury as a result of trying not to lose a balance from the defendant's tackle. Moreover, the court judged that being slide tackled in a game of soccer is inherent risk of the activity and that the defendant's conduct was within the limit of prudent soccer player. Therefore, the indemnification claim on Mr. Kim's injury was dismissed by the court (Kim2012Ko, 513).

The incident from the badminton club was recorded on April of 2005. During the amateur badminton club tournament, Mr. Hu was participating in a doubles match. The injury occurred when Mr. Hu and his teammate, Mr. Pee, were both running for the falling shuttlecock; due to the miscommunication by the both teammates, Mr. Hu was hit in the eye by his teammate's racket that was about to strike the falling shuttlecock. Unfortunately, the mistake by Mr. Pee resulted in critically damaging his teammate's (Mr. Hu) right eye; laceration of right cornea, dislocation of iris and traumatic cataract were diagnosed. The lawsuit was filed against Mr. Pee for causing the severe physical damage to his teammate. However, the court has determined that badminton is not a contact sport and that being hit by a racket is not a foreseeable risk in a game of badminton. More importantly, the injury could have been prevented if both teammates established better communication during the match. Meanwhile, the plaintiff was alleged to be partly liable for not wearing a protective goggle as

well as not being attentive to the teammate's action while chasing for the shuttlecock. Considering all of these premises, the court determined the defendant to be 60% liable and the plaintiff to be 40% liable for the damages (Pee2008Hu, 10259).

The high school swimming club member suffered a cervical spinal injury and became a quadriplegic as a result of hitting head on the floor after diving into the swallow pool. During the incident, the swimmer was being instructed by the personal swimming coach who was sued for not providing adequate instruction and supervision. The plaintiff dived from the 40cm length diving board into the 1.3 meters deep pool which is alleged to be a dangerous water level in the absence of proper bodily form along with a specific supervision. Perhaps, the coach never instructed the plaintiff about the safety instructions for diving into swallow swimming pool or insisted the importance of proper form in avoiding spinal injuries. Furthermore, the coach had responsibility of selecting a swimming facility that has safe water level to avoid spinal injuries during the practice. In the meantime, the plaintiff was an experienced swimmer with the reputation of being awarded at the national level competition and that he should have recognized the potential dangers associated with diving into swallow water. As a result, the court affirmed that the defendant's duty to compensate for the incurred injury was limited to a 20% of the total damages (Kim2006Kim, 2506).

In September of 2005, Mr. Yoo who participated in the province sponsored half marathon event collapsed near the finish line. Although Mr. Yoo was immediately hospitalized, he was pronounced dead shortly after due to the cardiac arrest. Mr. Yoo was a member of the municipal marathon club, wearing the club's t-shirt while participating in the event. In this regard, the plaintiff requested the indemnity compensation against the club, arguing that Mr. Yoo was under the management of the club during the time of his death. The plaintiff also alleged that Mr. Yoo's participation in the event was not fully voluntary in which the club had insisted Mr. Yoo in order to publicize the club. Additionally, the

participation fee was also supported by the club. The court, however, determined that although the club's intention was to publicize the organization through Mr. Yoo's participation, they never forced Mr. Yoo to run the half marathon event. Moreover, the participation fee was supported to encourage Mr. Yoo participation rather than coercing his decision. The decedent was also an active runner who participated in a various race events which implied that his participation may have been voluntary. Lastly, the club T-shirt that the decedent was wearing did not have any implications of promoting the club, and yet, it was worn by the decedent to represent his loyalty to the club. Therefore, the plaintiff's complaint on the indemnification claim was dismissed by the court due to the several aforementioned evidences (Yoo2006Jung, 13879).

CHAPTER 3

METHDOLOGY

This chapter presents the methods used to analyze the risk management practices and legal considerations of South Korean club sport programs. A quantitative research design, using survey technique, was selected for this study. The methodology section is presented in the following six sections: (1) research design, (2) subjects, (3) procedures, (4) instrumentation, (5) validity and reliability, and (6) data analysis.

Research Design

A survey technique was used to answer the proposed research questions in this study since survey research is the most frequently used method to observe social behaviors. Indeed, Creswell (2003) stated that a survey design provides a quantitative or numeric description of trends, attitudes, or opinions of a population by studying a sample of that population.

The primary purpose of this research was threefold: (1) to investigate the frequency of injury, accident and litigation status associated with the participation in the various South Korean club sport programs, as perceived by the club managers; (2) to investigate what risk management practices and legal considerations are implemented in the various South Korean club sport programs; and (3) to investigate whether the risk management practices were associated with sport club's institutional demographic factors.

Subjects

According to the most recent White Paper published by the Korean Ministry of Culture, Sports and Tourism in 2012, an approximate number of the registered club sport organization is reported to be 81,882 (Korean Ministry of Culture, Sports and Tourism, 2012).

However, it is assumed that a notable number of clubs may not have been counted since many community based clubs do not officially register their existence. With regards to difficulties in measuring a reasonable sample size based on a total number of sport clubs, the appropriate sample size was determined by utilizing the *G*Power 3* software, which is a statistical power analysis program that covers many different statistical tests including an effect size calculator. After utilizing the software, 220 participants were computed as a required sample size for the study. However, at least 250 participants' responses were targeted in consideration of the omitted or invalid survey responses.

According to the most recent published information, the top ten club sport by participation were as follows: 9,982 soccer clubs, 5,634 practical life exercise clubs, 4,825 gate ball clubs, 3,926 badminton clubs, 3,705 bowling clubs, 3,638 table tennis clubs, 3,589 tennis clubs, 3,342 foot volleyball clubs, 3,236 baseball clubs, and 2,804 volleyball clubs (Korean Ministry of Culture, Sports and Tourism, 2012). As these sports depict the overall landscape of the club participation in South Korea, the selection of participants was strictly based on the list. The sports were then selected based on its suitability to the current study. For instance, the selection criteria included a sport with a standardized facility and a strenuous nature of the activity because the absence of these two components would not accurately measure the primary missions of the study. Also, the participating clubs were limited to amateur or non-elite. Lastly, youth sport clubs were not considered for the study (youth sports clubs are consisted of members' ages under 18).

Considering the aforementioned factors, three contact sports: soccer, baseball, and basketball and two non-contact sports: badminton and tennis were selected for this study. Although basketball (13th ranked) was not listed among the top ten popular club sports, it was chosen as a subject since it carried out substantial inherent risks than some of the other top ten popular club sports.

Procedures

After obtaining approval for data collection from the Institutional Review Board (IRB) at the University of New Mexico in order to protect human subject participants, data collection took place in South Korea by using various methods to maximize the response rate. A snowball sampling technique was used as a primary data collection method with the assignment of five survey couriers. The couriers were selected by the personal networks of the researcher who were over the age of a minor. Although the minimum sample size was 220, each of the five couriers was assigned to procure at least 50 survey responses from sport club managers in consideration of the invalid or incomplete responses.

For the most part, the couriers distributed the survey questionnaires to club managers by on-site visitation mainly in the central region of South Korea where the scheduled club meetings take place. Also, some couriers distributed the survey during the national club tournaments where club members from all over the country were gathered in a single setting. Moreover, the couriers used their personal acquaintance to distribute the survey questionnaire by either personally or electronically. When approached by the couriers, club managers were asked to read the informed consent document provided by the IRB in order to participate in the study, but the signature on the informed consent form was not required for participation since this study has a minimal risk with no adverse effects. The attached informed consent and questionnaire were sent to participants in the case of email survey, and they were asked to return the completed survey to the researcher as an attachment. In addition to the distribution of the survey questionnaire via couriers, a professor in the department of exercise science at Chungbuk National University in South Korea was contacted to distribute the survey questionnaire to his undergraduate/graduate students who are the participants of the selected club sports. The identified students with a current affiliation with the selected sports clubs were asked to send the survey questionnaire to his or her manager for the input.

Once each of the assigned couriers procured the minimum number of expected survey responses, the completed survey questionnaires were both emailed and faxed to the researcher for data analysis.

Instrumentation

The survey questionnaire for the current study was developed by referencing questionnaires from various risk management related studies. For example, Kim (1996) conducted a study on the status of litigation and risk management practices in South Korean sport centers. In 2005, Hsiao carried out an investigation on the analysis of risk management practices and litigation status in aquatic centers. Another related study was done by Lhotsky in 2005 which analyzed the risk management practices at NCAA Division I-A football stadiums.

After reviewing the above studies, relevant survey questions from each study were directly adopted. However, since these studies dealt with risk management practices in different sport context (i.e. sport center, swimming pool, football stadium), certain questions were modified to be suitable for the current study. The rest of the questions in the survey were developed based on a highlighted concept of risk management literature.

The 36-item survey questionnaire was divided into three subdivisions: (a) demographic data, (b) injury, accident & litigation status, and (c) risk management practices/legal considerations. The demographic data variables and injury/accident & litigation status variables were measured by both a multiple choice and open-ended format. In the risk management practices section, the variables for questions 15-31 (legal documentation, pre-activity screenings, medical emergency action plans, and other legal concerns) were measured by a dichotomous scale of “1=yes”, “2=no”. The primary reason for the selection of a dichotomous scale was due to the fact that the risk management

practices investigated in these questions were not opinion based. In other words, such risk management practices may be either conducted or not conducted without the neutral response. Additionally, questions 32-36 (facilities and equipment variables) were measured by a 5-point Likert scale since these questions were intended to investigate a participant's risk perception which may be closer to opinion based. Overall, the questionnaire in the risk management practices section was designed to yield data on five areas of risk management categories: legal documentation, pre-activity screenings, medical emergency action plans, facilities and equipment and other legal concerns.

To address the research questions, the variables that aimed to investigate a prevalence of injury, accident and litigation status (Research question 1), were the questions 9-14, and risk management practices and legal considerations (Research question 2) were measured by the questions 15-36. The demographic data variables: questions 1-8 were utilized to measure the institutional demographic factors of sport clubs in order to determine whether these characteristics had an association with the risk management practices of a given club (Research question 3).

Validity and Reliability

To ensure the validity of the survey questionnaire, several experts from the field of sport management have examined the survey questionnaire. A risk management/sport law professor at the University of New Mexico (UNM) thoroughly reviewed the questionnaire to ascertain whether the contents were appropriate for the study. In addition to the recommendation on content knowledge, the risk management/sport law professor suggested improvements on wording, structure, and readability of the questionnaire. Another sport management professor at UNM with expertise in risk management further modified the wording of the survey to enhance readability. Finally, a sport management professor at UNM

with expertise in a quantitative statistics reviewed the items in the questionnaire to ensure the feasibility of the statistical procedures in order to make sure whether the survey items could accurately address the proposed research questions.

Due to the fact that the survey was administered to a South Korean population, the questionnaire required verification and translation to increase the validity of the instrument. At first, with the researcher's first language being Korean, an English version of the questionnaire was self-translated to a Korean version. Secondly, a Korean version of the questionnaire was sent to three South Korean club sport participants to examine whether the items in the survey were applicable to their club sport programs. After their feedback, some of the questions were modified to be suitable for South Korean club sports programs. For example, in South Korean club sports, requiring a physical examination for a club membership is not a common practice, whereas many club programs in the United States mandate their members to submit their physical examination report. Lastly, two bilingual professors who received a doctoral degree from the U.S. institutions reviewed both the English and Korean versions of the questionnaire to ensure a correct translation. After two of these professors determined that the survey questionnaire reflected an accurate translation with minor grammatical changes, the questionnaire was notarized by the Hyundai Securities Co. LTD in South Korea as a final step.

Internal consistency for a majority of the questions were not appropriate for this study due to the fact that the questionnaire inquired about factual information rather than attitudes and opinions of the subjects. The questionnaire on demographic data, injury, accident & litigation status were all seeking factual information. Moreover, the first 18 questions in the risk management practices section of the survey were also inquiring factual information with the exception of the last five questions. Even though the last five questions of the survey were under the same category of the "facilities and equipment" which sought attitudes and

opinions of participants, reliability measures were also not reported since the five questions were not directly linked to each other.

Data Analysis

A version 21 of Statistical Package for the Social Sciences (SPSS) software for Windows was utilized for the statistical analysis of the current study. First, the descriptive statistics were calculated for each factor in the demographic data section, injury/accident & litigation status section, and risk management practices section of the survey. Second, univariate analyses (chi-square test, ANOVA, and t-test) were undertaken to examine the association between the risk management practices (independent variables) and the multiple institutional demographic factors (dependent variables): sport, frequency of club meeting, number of members, average age of members, percentage of elderly members, longevity of club, location of club, and ownership of club. The significance level was set at .05.

CHAPTER 4

RESULTS

This chapter comprises the data analysis of the survey results, as described in the methodology chapter. The data collection took place in South Korea from April 23, 2014 to April 30, 2014. A total of 304 completed surveys were obtained by the five assigned survey couriers. The collected data were then entered into the version 21 of the Statistical Package for the Social Sciences (SPSS) for the data analysis. First, descriptive statistics were presented in the following order: a) demographic data, b) injury/accident & litigation status, and c) risk management practices. In addition, t-test, chi-square tests, and ANOVAs were calculated to examine the statistical relationships between the demographic and risk management variables.

Analysis of Data

Demographic Data

Table 1.1 presents the frequencies and percentage distributions of the type of sports being offered among 304 clubs that were surveyed. Tennis clubs had the most participants (26%), followed by baseball (23%), soccer (21.1%), badminton (18.8%) and basketball (11.2%) clubs.

With regards to the number of times that clubs meet per month, clubs participating up to five times a month had the most responses (55.6%). Six to ten meetings per month category had the second most responses (26.3%), followed by “11 or more” meeting per month (18.1%). The average number of club meetings during a month was approximately eight (See Table 1.1). Of the 304 clubs participating in the study, a majority of the clubs had more than 36 members (38.8%). Members’ ages ranging between “1-25” and “26-35” each

had equal responses with 93 (30.6%). The average number of all responding club members was slightly over 36 (See Table 1.1).

Table 1.1
Demographic Data: Type of Sport offered by Club, Number of Club Meeting per Month & Number of Members within Club

Item	N	%
Type of Sports Club (N=304)		
Soccer	64	21.1
Tennis	79	26.0
Basketball	34	11.2
Baseball	70	23.0
Badminton	57	18.8
Number of Meeting per Month (N=304)		
0-5	169	55.6
6-10	80	26.3
11 or more	55	18.1
Number of Club Members (N=304)		
1-25	93	30.6
26-35	93	30.6
36 or more	118	38.8

A majority of the club members were between ages 35 and 54 (65.5%). The average ages between 25 and 34 had the second most responses (21.1%), followed by the age group of 18 to 24 (8.6%) and 55 to 64 (4.9%). None of the participants indicated that their age is either less than 18 or greater than 65 (See Table 1.2).

In order to investigate the prevalence of the elderly members within a club, the participants were asked to indicate how many of their club members were over age of 40. As shown in Table 1.2, slightly less than half of the respondents had 51% or more members over age of 40 (N=142, 46.7%), as compared to 162 (53.3 %) clubs that had 50% or less club members over age of 40. Although more participants indicated that their clubs had less than 50% of club members over age of 40, the average age of all responding club members were indeed about 47.

Of the 304 clubs being surveyed, as shown in Table 1.2, clubs with 11 years or more existence had the most responses with 36.2%. The clubs with the longevity of one to five years also had significant responses with 34.5%, followed by clubs that are six to ten years old (29.3%).

Table 1.2

Demographic Data: Average Age of Club Members, Clubs with Members over Age of 40 & Longevity of Club

Item	N	%
Average Age of Club Members (N=304)		
18-24	26	8.6
25-34	64	21.1
35-54	199	65.5
55-64	15	4.9
Members Over Age of 40 (N=304)		
50% or less	162	53.3
51% or more	142	46.7
Longevity of Club (N=304)		
1-5 years	105	34.5
6-10 years	89	29.3
11 or more years	110	36.2

As shown in Table 1.3, of the 304 participants, most of the responses came from the clubs located in “suburban” areas (N=115, 37.8%). Sport clubs located in “metropolitan/urban” areas had the second most responses (N=98, 32.2%), followed by the clubs located in “rural” part of the country (N=91, 29.9%).

The demographic breakdown of the surveyed clubs’ ownership of the host facility was as follows: municipal based facilities hosted most club sport activities (N=136, 44.7%); 73 (24.0%) clubs were participating in a private organization’s facility; 67 (22.0%) clubs were renting academic institution’s facilities; and 28 (9.2%) clubs indicated that their activities were held in “other” type of facilities (See Table 1.3).

Table 1.3

Demographic Data: Demographic Location of Club & Ownership of Host Facility

Item	N	%
Location of Club (N=304)		
Metropolitan/Urban	98	32.2
Suburban	115	37.8
Rural	91	29.9
Ownership of Host Facility (N=304)		
Private Organization	73	24.0
Municipality	136	44.7
Academic Institution	67	22.0
Other	28	9.2

Injury/Accident & Litigation Status

On the “injury/accident & litigation status” part of the survey, over the half of respondents (57.9%) revealed that they typically did not have any members who had injuries that required a physician’s treatment. Nevertheless, a notable number of club managers (28.6%) responded that they have one to three members per year who were evaluated by a physician for sustained injuries. Furthermore, 13.5% of club managers indicated that they had more than four injuries per year which needed a physician’s evaluation (See Table 2.1).

Among the injuries that respondents mentioned previously, most of the sustained injuries were classified as either “critical” or “catastrophic”. As shown in Table 2.1, forty (40.8%) club managers indicated that one injury in their club was either critical or catastrophic in nature; twenty seven (27.6%) clubs had two critical or catastrophic injuries; and thirty one (31.6%) clubs responded three or more critical or catastrophic injuries suffered by their members.

Table 2.1

Injury/Accident & Litigation Status: Number of Injury/Accidents Requiring Treatment by a Physician per Year & Number of Critical or Catastrophic Injuries per Year

Item	<i>N</i>	%
Number of Injury/Accident per Year (<i>N</i> =304)		
0	176	57.9
1-3	87	28.6
4 or more	41	13.5
Number of Critical or Catastrophic Injuries (<i>N</i> =98)		
1	40	40.8
2	27	27.6
3 or more	31	31.6

Club managers were asked about the number of lawsuits that their members have brought to the club or host facility because of sustained injuries/accidents. Table 2.2 presents the number of past lawsuits claimed by the injured club members. Only 15 (4.9%) club managers reported that they have experienced or witnessed lawsuits initiated by the members throughout the course of managing the clubs, while 281 (92.4%) did not observe any lawsuits involved in the course of managing the club. Eight (2.6%) respondents did not clearly indicate whether their clubs had been sued by the members.

Additionally, Table 2.2 indicated the number of times the club has been sued based on the fifteen past lawsuits. Ten (66.7%) club managers reported that they have experienced only one lawsuit being filed against their club or host facility; and five (33.3%) clubs have been involved in lawsuits two times.

Table 2.2

Injury/Accident & Litigation Status: Total Occurrence of Past Lawsuits & Total Number of Times Club Has Been Sued

Item	<i>N</i>	%
Past Lawsuits (<i>N</i> =304)		
Yes	15	4.9
No	281	92.4
Not Sure	8	2.6
Number of Times Club Has Been Sued (<i>N</i> =15)		
1	10	66.7
2	5	33.3

Table 2.3 shows the number of indemnifications being awarded to club members due to the sustained injuries/accidents from the club's or host facility's negligence or fault. Of the 303 respondents, 11 (3.6%) clubs or their host facility have indemnified their club members, but the majority (*N*=292, 96.1%) did not have experience with indemnification.

Also, as shown in Table 2.3, 197 (64.8%) club managers reported that the most prevalent injuries/accidents in their clubs was caused by inherent risks of the activity, followed by existing medical conditions (*N*=47, 15.5%), and 31 responded that most injuries/accidents during club participation were caused by other factors (10.2%). Meanwhile, unsafe facilities and equipment had the lowest factor of causing injuries/accidents to club members (*N*=29, 9.5%).

When 303 club managers were asked if they were concerned about their members potentially suing the club, 121 (39.8%) managers indicated that they fear potential lawsuits initiated by their members. On the other hand, 129 (42.4%) club managers do not expect injuries/accidents to result in litigation, while 54 (17.8%) were uncertain about the likelihood of a lawsuit (See Table 2.3).

Table 2.3

Injury/Accident & Litigation Status: Prevalent Cause of Injury/Accident, Total Number of Past Indemnification & Club Managers' Apprehensiveness of a Lawsuit

Item	N	%
Cause of Injury/Accident (N=304)		
Inherent Risk of the Activity	197	64.8
Unsafe Facilities & Equipment	29	9.5
Existing Medical Condition	47	15.5
Other	31	10.2
Past Indemnifications (N=303)		
Yes	11	3.6
No	292	96.4
Apprehensiveness of a Lawsuit (N=304)		
Yes	121	39.8
No	129	42.4
Not Sure	54	17.8

Risk Management Practices

This section pertains to the selected risk management practices and legal considerations that the responding clubs have reported. The results are displayed in Table 3.1, Table 3.2, and Table 3.3.

Frequencies and percentage distributions were obtained for the dichotomous scale (yes/no) questions 15-30, as shown in Table 3.1. If a club did not use a waiver (question 15), the subjects were directed to skip ahead to question 19. The results of the analysis revealed that a preponderance of the responding clubs lacked risk management practices and proper legal considerations: only one out of sixteen items (question 17: requirement for all club members to sign a waiver/exculpatory agreement) had over 50% of respondents agreeing the compliance (N=46, 60.5%). Also, only four out of sixteen risk management items had over 30% respondents being involved in the practices: They are question 16: waiver/exculpatory agreement approved by legal counsel (N=20, 35.7%), question 20: informing participants of dangers inherent in the activity (N=96, 31.6%), and question 21: accessibility of first aid kits

($N=147$, 48.4%). Furthermore, six out of sixteen items fell below 10% responses on the compliance of risk management variables. These items include question 18: A clear description of activity's risk in waiver/exculpatory agreement ($N=3$, 3.9%), question 19: Requirement for all club members to fill out medical information form ($N=11$, 2.6%), question 22: Availability of a stationed AED in host facility ($N=25$, 8.2%), question 25: Availability of medical doctor on host facility during the club participation ($N=16$, 5.3%), question 26: Use of a pre-formatted incident report for documenting accidents/injuries ($N=13$, 4.3%), and question 28: Requirement of official/referee to hold an appropriate certification before officiating ($N=30$, 9.9%).

Table 3.1

Risk Management Practices: General Practices

Item	Yes N (%)	No N (%)
Q15 Use of waiver/exculpatory agreement	78 (25.8)	224 (74.2)
Q16 Waiver/exculpatory agreement approved by legal counsel	20 (35.7)	36 (64.3)
Q17 Requirement for all club members to sign a waiver/exculpatory agreement	46 (60.5)	30 (39.5)
Q18 A clear description of activity's risk in waiver/exculpatory agreement	3 (3.9)	74 (96.1)
Q19 Requirement for all club members to fill out medical information form (i.e. high blood pressure, high cholesterol, history of heart disease, etc.	11 (3.6)	292 (96.4)
Q20 Informing participants of dangers inherent in the activity	96 (31.6)	208 (68.4)
Q21 Accessibility of first aid kits	147 (48.4)	157 (51.6)
Q22 Availability of a stationed Automated External Defibrillator (AED) in host facility	25 (8.2)	279 (91.8)
Q23 Presence of written procedures for medical emergency in host facility	68 (22.4)	236 (77.6)
Q24 Club member's availability of training in basic first aid, and/or CPR	CPR: 31 (10.2) First aid: 49 (16.1)	224 (73.7)
Q25 Availability of medical doctor on host facility during the club participation	16 (5.3)	288 (94.7)
Q26 Use of a pre-formatted incident report for documenting accidents and injuries	13 (4.3)	291 (95.7)
Q27 Availability of host facility's supervising personnel	54 (17.8)	250 (82.2)
Q28 Requirement of official/referee to hold an appropriate certification before officiating	30 (9.9)	274 (90.1)
Q29 Requirement of official/referee to be certified in first aid, and/or CPR	CPR: 17 (5.6) First aid: 13 (4.3)	274 (90.1)
Q30 Providing safety instruction to members	70 (23.0)	234 (77.0)

Table 3.2 shows the type of transportation options that 304 surveyed clubs reported using for traveling to away competitions. A majority of the respondents reported that their clubs use privately-owned vehicles ($N=216$, 71.1%); 40 (13.2%) reported using team-owned vehicles; 25 (8.2%) used independent contractor; and rest of the 23 (7.6%) respondents indicated using other methods of transportation.

Table 3.2
Risk Management Practices: Transportation Methods

Item	Independent Contractor N (%)	Team-Owned Vehicles N (%)	Privately-Owned Vehicles N (%)	Other N (%)
Q31 Type of transportation when traveling to club activities	25 (8.2)	40 (13.2)	216 (71.1)	23 (7.6)

The means for the facilities and equipment related risk management practices are presented in Table 3.3. The overall results (questions 32-36) indicated that sport club managers' average responses were closer to the score of 3 (neutral) out of 5 (strongly agree) on the 5-point Likert scale. Meanwhile, questions 33 (preventing participants from using defective equipment prior to repair) and 35 (presence of conspicuous warning signs where unsafe conditions exist) fell below the score of 3.

Table 3.3
Risk Management Practices: Risk Perception of Facilities & Equipment (5-point Likert Scale)

Item	M	$S.D.$
Q32 Maintenance of floor/ground in host facility	3.33	1.14
Q33 Preventing participants from using defective equipment prior to repair	2.75	1.22
Q34 Host facility's quality of lighting in the appropriate locations	3.22	1.35
Q35 Presence of conspicuous warning signs where unsafe conditions exist	2.51	1.18
Q36 Maintenance of host facility	3.24	1.15

Relationships Between Demographic and Risk Management Variables

The univariate analyses including t-test, Chi-square tests, and Analysis of Variances (ANOVA) were utilized to examine the impact of demographic variables (type of sport, number of club meeting per month, number of club members, average of club members, percentage of elderly club members, longevity of club, location of club, and ownership of host facility) on the selected risk management practices of sport clubs involved in this study. A chi-square tests were used on the relationship of the dichotomous scale (yes/no) and multiple choice items: questions 15-31. The t-test and ANOVAs were utilized on the associations of the 5-point Likert scale items: questions 32-36. If the equality of variances was violated, Welch's ANOVA was used to robust the violation. Additionally, post hoc Tukey HSD procedures were used to examine the comparison represented by the groups.

Alpha level was set at the .05 level. For the Chi-square tests, if more than 20% of the values within a cross tabulation had less than five responses, the statistical significance was discarded even though the .05 level was fulfilled.

Table 4.1 presents the analysis by the type of sport being offered in the clubs. A total of ten relationships (both Chi-square tests and ANOVAs) were found between the types of sport and risk management practices. First, on question 15, the use of the waiver has been most widely practiced by tennis clubs (46.8%), followed by baseball (27.1%), badminton (17.5%), soccer (14.1%), and basketball (11.8%). The significance was at the .000 level ($\chi^2=27.839$).

On survey question 20, differences of responses were statistically proven to be significant: Basketball clubs (52.9%) had highest responses on informing participants of dangers inherent in the activity, followed by soccer (39.1%), baseball (34.3%), badminton (22.8%) and tennis (20.3%) clubs, $\chi^2=15.797$, $p=.003$.

A third statistically significant relationship was found in question 21. With regards to the accessibility of first aid kits, soccer clubs (75.0%) had the more items than the rest of the sports clubs. Tennis (60.8%), basketball (55.9%), badminton (38.6%) and baseball (14.3%) clubs were next in the order in relation to the accessibility of first aid kits, $\chi^2=58.542$, $p=.000$.

In regards to the relationship between the type of sport and “presence of written procedures for medical emergency in host facility” (question 23), basketball clubs (55.9%) scored the highest compared to the rest of the sport clubs. Baseball (34.3%) clubs had the second most written medical procedures, followed by badminton (14.0%), soccer (12.5%) and tennis (11.4%) clubs, $\chi^2=39.066$, $p=.000$.

A fifth relationship was found between the type of sport and “availability of host facility’s supervising personnel” (question 27). The study found that basketball (32.4%) clubs had the most supervising personnel available in their host facility. Baseball (21.4%) clubs reported having the next most supervising personnel available, followed by tennis (17.7%), badminton (17.5%) and soccer (6.3%) clubs. The significance level was indicated as .022 ($\chi^2=11.408$).

A sixth relationship was found between the type of sport and “provision of safety instruction to members” (question 30). Again, basketball (52.9%) clubs reported significantly higher in providing safety instructions to members than the rest of the sport clubs. Baseball (22.9%), tennis (19.0%), soccer (18.8%) and badminton (15.8%) clubs had the next highest scores in the presented order ($\chi^2=20.239$, $p=.000$).

One way univariate ANOVAs were conducted to examine the statistical differences of the 5-point Likert scale items (questions 32-36), as shown in Table 4.2. On question 32, a first statistical significance was found ($F=2.94$, $p=.021$). A Tukey HSD post hoc test has

examined that basketball ($M=3.71$) clubs scored significantly higher than soccer ($M=3.03$) clubs in regards to the maintenance of floor/ground in host facility.

Statistical significance was also found in question 33 ($F=2.94$, $p=.000$). With regards to preventing participants from using defective equipment prior to repair, baseball ($M =3.33$) club managers agreed significantly more than soccer ($M=2.55$) club managers on the compliance of such practice. A Tukey HSD post hoc test was used to examine the aforementioned comparison.

On survey question 34, baseball ($M=3.56$) clubs were most likely to have a higher quality of lighting in the appropriate locations, followed by basketball ($M=3.53$), tennis ($M =3.19$), badminton ($M =3.00$) and soccer clubs ($M=2.92$). The F value was statistically significant, $F=2.759$, $p=.028$. Groups of homogenous subsets were not established from the post hoc test.

A statistical significance in relation to the type of sport and posting conspicuous warning signs was also found (question 35). The significance was at the .021 level ($F=3.891$). A Tukey HSD post hoc test found that basketball ($M =2.94$) clubs provided significantly more conspicuous warning signs than tennis ($M=2.23$) and badminton ($M =2.33$) clubs.

Table 4.1

Relationships: Type of Sport Club (Chi-square tests)

Item	Group	Yes N (%)	No N (%)	χ^2	df	p
Q15 Use of waiver/exculpatory agreement	Soccer	9 (14.1)	55 (85.9)	27.839	4	.000
	Tennis	36 (46.8)	41 (53.2)			
	Basketball	4 (11.8)	30 (88.2)			
	Baseball	19 (27.1)	51 (72.9)			
	Badminton	10 (17.5)	47 (82.5)			
Q20 Informing participants of dangers inherent in the activity	Soccer	25 (39.1)	39 (60.9)	15.797	4	.003
	Tennis	16 (20.3)	63 (79.7)			
	Basketball	18 (52.9)	16 (47.1)			
	Baseball	24 (34.3)	46 (65.7)			
	Badminton	13 (22.8)	44 (77.2)			
Q21 Accessibility of first aid kits	Soccer	48 (75.0)	16 (25.0)	58.542	4	.000
	Tennis	48 (60.8)	31 (39.2)			
	Basketball	19 (55.9)	15 (44.1)			
	Baseball	10 (14.3)	60 (85.7)			
	Badminton	22 (38.6)	35 (61.4)			
Q23 Presence of written procedures for medical emergency in host facility	Soccer	8 (12.5)	56 (87.5)	39.066	4	.000
	Tennis	9 (11.4)	70 (88.6)			
	Basketball	19 (55.9)	15 (44.1)			
	Baseball	24 (34.3)	46 (65.7)			
	Badminton	8 (14.0)	49 (86.0)			
Q27 Availability of host facility's supervising personnel	Soccer	4 (6.3)	60 (93.8)	11.408	4	.022
	Tennis	14 (17.7)	65 (82.3)			
	Basketball	11 (32.4)	23 (67.6)			
	Baseball	15 (21.4)	55 (78.6)			
	Badminton	10 (17.5)	47 (82.5)			
Q30 Providing safety instruction to members	Soccer	12 (18.8)	52 (81.3)	20.239	4	.000
	Tennis	15 (19.0)	64 (81.0)			
	Basketball	18 (52.9)	16 (47.1)			
	Baseball	16 (22.9)	54 (77.1)			
	Badminton	9 (15.8)	48 (84.2)			

Table 4.2

Relationships: Type of Sport Club (ANOVAs)

Item	Group	<i>M</i>	<i>S.D.</i>	<i>F</i>	<i>df</i>	<i>p</i>
Q32 Maintenance of floor/ground in host facility	Soccer	3.03	1.05	2.94	4	.021
	Tennis	3.28	1.19			
	Basketball	3.71	1.19			
	Baseball	3.56	1.00			
	Badminton	3.23	1.23			
<i>Group 1: Soccer, Badminton, Tennis & Baseball</i>						
<i>Group 2: Badminton, Tennis, Baseball & Basketball</i>						
Q33 Preventing participants from using defective equipment prior to repair	Soccer	2.55	1.02	5.765	4	.000
	Tennis	2.94	1.14			
	Basketball	3.29	1.10			
	Baseball	3.33	1.00			
	Badminton	2.75	1.14			
<i>Group 1: Soccer, Badminton & Tennis</i>						
<i>Group 2: Badminton, Tennis & Basketball</i>						
<i>Group 3: Tennis, Basketball & Baseball</i>						
Q34 Host facility's quality of lighting in the appropriate locations	Soccer	2.92	1.58	2.759	4	.028
	Tennis	3.19	1.27			
	Basketball	3.53	1.26			
	Baseball	3.56	1.28			
	Badminton	3.00	1.24			
Q35 Presence of conspicuous warning signs where unsafe conditions exist	Soccer	2.47	1.26	3.891	4	.004
	Tennis	2.23	1.12			
	Basketball	2.94	1.20			
	Baseball	2.81	1.12			
	Badminton	2.33	1.12			
<i>Group 1: Tennis, Badminton, Soccer & Baseball</i>						
<i>Group 2: Soccer, Baseball & Basketball</i>						

Group 1, Group 2 & Group 3: Tukey HSD Post Hoc Test Results

As shown in Table 4.3, several relationships were found between the number of club meeting per month and sport clubs' risk management practices. At first, on question 15, the use of waiver/exculpatory agreement was mostly adopted by sport clubs that meet six to ten times a month (35.4%), as compared to clubs that meet eleven or more times a month (33.3%) and "up to five" times a month (18.9%), $\chi^2=9.592, p=.008$.

Regarding question 19: "requirement for all club members to fill out medical information form", sport clubs the meet 11-plus times a month (9.3%) scored higher than clubs meeting up to 5 time per month (3.6%). Clubs meeting between 6 and 10 times per month did not require medical information form at all ($\chi^2=7.907, p=.019$).

A third relationship was found on survey question 20. This time, the result indicated that clubs meeting up to five times a month (39.6%) had the most responses on informing participants of the dangers inherent in the activity, in relation to clubs that typically meet 11 or more (25.5%) and six to ten (18.8%) times per month, $\chi^2=12.137, p=.002$.

On question 28, it was also shown that the number of club meetings per month affected the requirement of official/referee to hold an appropriate certification before officiating. In this case, requiring official/referee to hold certification was practiced most for clubs that selected "0-5" meetings per month (13.6%), as compared to clubs that selected "6-10" meetings per month (8.8%) category. None of the clubs that meet eleven or more times a month indicated the requirement of certification from their official/referee ($\chi^2=8.794, p=.012$).

Regarding the relationships of the variables in the 5-point Likert scale (Table 4.4), question 32 showed that sports clubs meeting six to ten times a month ($M=3.78$) scored significantly higher than clubs participating "0-5" ($M=3.20$) and "11 or more" times ($M=3.07$) per month with regards to the maintenance of host facility's floor/ground ($F=8.997, p=.000$).

A Tukey HSD post hoc test was used to determine the comparison of groups.

A host facility's "quality of lighting in the appropriate locations" (question 34) was mostly satisfied by the clubs that meet six to ten times a month ($M=3.55$), as compared to clubs that selected "0-5" meetings per month category, which had the mean score of 3.04 ($F=4.008, p=.019$). A Tukey HSD post hoc test was used to determine the grouping of the homogenous subsets.

According to the Tukey HSD post hoc test, conspicuous warning signs were presented mostly by clubs meeting six to ten ($M=2.63$) and "up to five" ($M=2.58$) times a month than clubs meeting eleven or more times a month ($M=2.15$). The F value (3.334) was significant at the .037 level (See question 35 on Table 4.4).

Also, the general maintenance of host facility (question 36) was scored significantly higher by clubs meeting six to ten times per month ($M=3.80$) than clubs meeting with "up to five" ($M=3.09$) and "eleven plus" ($M=2.91$) times a month. The significance was at the .000 level ($F=14.263$). The homogenous subsets were verified by a Tukey HSD post hoc test.

Table 4.3

Relationships: Number of Club Meeting per Month (Chi-square tests)

Item	Group	Yes N (%)	No N (%)	χ^2	df	p
Q15 Use of waiver/exculpatory agreement	0-5	32 (18.9)	137 (81.1)	9.592	2	.008
	6-10	28 (35.4)	51 (64.6)			
	11 or more	18 (33.3)	36 (66.7)			
Q19 Requirement for all club members to fill out medical information form (i.e. high blood pressure, high cholesterol, history of heart disease, etc.	0-5	6 (3.6)	163 (96.4)	7.907	2	.019
	6-10	0 (0.0)	80 (100.0)			
	11 or more	5 (9.3)	49 (90.7)			
Q20 Informing participants of dangers inherent in the activity	0-5	67 (39.6)	102 (60.4)	12.137	2	.002
	6-10	15 (18.8)	65 (81.3)			
	11 or more	14 (25.5)	41 (74.5)			
Q28 Requirement of official/referee to hold an appropriate certification before officiating	0-5	23 (13.6)	146 (86.4)	8.794	2	.012
	6-10	7 (8.8)	73 (91.3)			
	11 or more	0 (0.0)	55 (100.0)			

Table 4.4

Relationships: Number of Club Meeting per Month (ANOVAs)

Item	Group	M	S.D.	F	df	p
Q32 Maintenance of floor/ground in host facility	0-5	3.20	1.12	8.997	2	.000
	6-10	3.78	1.06			
	11 or more	3.07	1.18			
<i>Group 1: 0-5 & 11 or more</i>						
<i>Group 2: 6-10</i>						
Q34 Host facility's quality of lighting in the appropriate locations	0-5	3.04	1.41	4.008	2	.019
	6-10	3.55	1.26			
	11 or more	3.29	1.21			
<i>Group 1: 0-5 & 11 or more</i>						
<i>Group 2: 11 or more & 6-10</i>						
Q35 Presence of conspicuous warning signs where unsafe conditions exist	0-5	2.58	1.13	3.334	2	.037
	6-10	2.63	1.25			
	11 or more	2.15	1.21			
<i>Group 1: 11 or more</i>						
<i>Group 2: 0-5 & 6-10</i>						
Q36 Maintenance of host facility	0-5	3.09	1.09	14.263	2	.000
	6-10	3.80	1.14			
	11 or more	2.91	1.11			
<i>Group 1: 0-5 & 11 or more</i>						
<i>Group 2: 6-10</i>						

Group 1 & Group 2: Tukey HSD Post Hoc Test Results

Table 4.5 presents the relationships between the size of club (based on the number of members) and the selected risk management variables. On both questions 20 and 23, clubs having 1 to 25 members had the highest scores on “informing participants of dangers inherent in the activity” and “presence of written procedures for medical emergency in host facility” ($\chi^2=13.846, p=.001$ and $\chi^2=13.369, p=.018$ respectively). Also, for both questions 20 and 23, clubs with 26 to 35 members had the second highest compliance on such practices.

Meanwhile, “accessibility of first aid kits” variable (question 21) had the opposite results from the previous questions. It was indicated that clubs with 36 or more (55.9%) members possessed more first aid kits than clubs with 26 to 35 members (50.5%) and 1 to 25 (36.6%) members, $\chi^2=8.072, p=.000$.

The study also found a statistically significant difference on question 28: “requirement of official/referee to hold an appropriate certification before officiating.” The result has shown that clubs with 26 to 35 (18.3%) members generally require official/referee to hold more certifications than clubs with 1 to 25 (12.9%) members and “36 or more” ($n=1, 0.8%$) members ($\chi^2=19.156, p=.000$).

No relationships were found between the size of club and facilities/equipment related risk management variables (questions 32-36).

Table 4.5

Relationships: Number of Club Members (Chi-square tests)

Item	Group	Yes N (%)	No N (%)	χ^2	df	p
Q20 Informing participants of dangers inherent in the activity	1-25	42 (45.2)	51 (54.8)	13.846	2	.001
	26-35	29 (31.2)	64 (68.8)			
	36 or more	25 (21.2)	93 (78.8)			
Q21 Accessibility of first aid kits	1-25	34 (36.6)	59 (63.4)	8.072	2	.018
	26-35	47 (50.5)	46 (49.5)			
	36 or more	66 (55.9)	52 (44.1)			
Q23 Presence of written procedures for medical emergency in host facility	1-25	30 (32.3)	63 (67.7)	13.369	2	.001
	26-35	24 (25.8)	69 (74.2)			
	36 or more	14 (11.9)	104 (88.1)			
Q28 Requirement of official/referee to hold an appropriate certification before officiating	1-25	12 (12.9)	81 (87.1)	19.156	2	.000
	26-35	17 (18.3)	76 (81.7)			
	36 or more	1 (0.8)	117 (99.2)			

Risk management practices were found to be affected by average age of club members (Table 4.6). First, on question 15, club members' age was statistically significant in relation to the use of waiver/exculpatory agreement ($\chi^2=11.962, p=.008$). Clubs with the oldest age group (ages 55-64) reported using significantly more waiver/exculpatory agreement than the rest of the age groups.

Second, club members' age was indicated to be statistically significant in regards to informing participants of dangers inherent in the activity, at the .027 level ($\chi^2=9.211$). As shown in question 20 from Table 4.4, 25 to 34 (46.9%) age groups had significantly higher scores than the rest of age group categories: "35-54" (28.1%), "18-24" (26.9%), and "55-64" (20.0%).

The study also found a relationship between club members' age and "the presence of written procedures for medical emergency in host facility" (question 23). It was statistically significant at the .000 level ($\chi^2=31.556$) that such practice was positively proportional to the younger age groups: 18 to 24 (57.7%), 25 to 34 (32.8%), 35 to 54 (16.1%), and 55 to 64 (0.0%).

On question 24, a fourth relationship was found between average age of club members and member's availability of training in basic first aid, and/or CPR. Specifically, the younger age groups were also more likely to be trained in first aid or CPR than the older age groups ($\chi^2=23.375, p=.001$). Indeed, "55-64" age group category only had one response of being trained in CPR and no response of first aid training.

Lastly, on survey question 30, average age group of 25 to 34 (42.2%) had provided significantly more safety instruction than the rest of the age groups: 18 to 24 (26.9%), 35 to 54 (17.1%), and 55 to 64 (13.3%). The significance was indicated to be .000 ($\chi^2=18.238$).

The results of the ANOVA analyses in Table 4.7 showed that all of the variables on the 5-point Likert scale had the significant relationships with average age of club members.

For example, on question 32, clubs with members' average ages between 55 and 64 were participating in facilities with the highest maintenance of floor/ground, followed by average age groups of 18 to 24 ($M=3.81$), 25 to 34 ($M=3.27$), and 35 to 54 ($M=3.25$), $F=6.640$, $p=.001$. Since equality of variances was violated for this item, Welch's ANOVA was used accordingly.

On question 33, clubs with average ages between 18 and 24 had significantly higher scores than clubs with average age of 35 to 54 with regards to preventing participants from using defective equipment prior to repair, $F=6.709$, $p=.000$.

Sport clubs with "18-24" ($M=4.42$) average age groups scored highest on host facility's quality of lighting in the appropriate locations. "55-64" ($M=3.80$) age group had the second highest score, followed by "35-64" ($M=3.12$) and "25-34" ($M=2.91$) age groups. ($F=26.581$, $p=.000$) Again, Welch's ANOVA was used due to the violation of equality of variances (See question 34 on Table 4.7).

On question 35, a Tukey HSD post hoc test examined that clubs with members' average ages between 18 and 24 ($M=3.27$) presented most conspicuous warning signs than clubs with members' average ages of 25 to 34 ($M=2.45$), 35 to 54 ($M=2.44$) and 55 to 64 ($M=2.40$), $F=3.995$, $p=.008$.

Finally, pertaining to question 36, clubs with members' average ages between 18 to 24 years scored significantly higher on the maintenance of host facility item than "25-34" and "35-54" year old groups ($F= 5.488$, $p=.001$), as indicated by a Tukey HSD post hoc test.

Table 4.6

Relationships: Average Age of Club Members (Chi-square tests)

Item	Group	Yes N (%)	No N (%)	χ^2	df	p	
Q15 Use of waiver/exculpatory agreement	18-24	6 (23.1)	20 (76.9)	11.962	3	.008	
	25-34	13 (20.3)	51 (79.7)				
	35-54	50 (25.3)	148 (74.7)				
	55-64	9 (64.3)	5 (35.7)				
Q20 Informing participants of dangers inherent in the activity	18-24	7 (26.9)	19 (73.1)	9.211	3	.027	
	25-34	30 (46.9)	34 (53.1)				
	35-54	56 (28.1)	143 (71.9)				
	55-64	3 (20.0)	12 (80.0)				
Q23 Presence of written procedures for medical emergency in host facility	18-24	15 (57.7)	11 (42.3)	31.556	3	.000	
	25-34	21 (32.8)	43 (67.2)				
	35-54	32 (16.1)	167 (83.9)				
	55-64	0 (0.0)	15 (100.0)				
Item	Group	First aid N (%)	CPR N (%)	No N (%)	χ^2	df	p
Q24 Club member's availability of training in basic First Aid, and/or CPR	18-24	7(26.9)	9(34.6)	10(38.5)	23.375	6	.001
	25-34	9(14.1)	10(15.6)	45(70.3)			
	35-54	15(7.5)	29(14.6)	155(77.9)			
	55-64	0(0.0)	1(6.7)	14(93.3)			
Item	Group	Yes N (%)	No N (%)	χ^2	df	p	
Q30 Providing safety instruction to members	18-24	7 (26.9)	19 (73.1)	18.238	3	.000	
	25-34	27 (42.2)	37 (57.8)				
	35-54	34 (17.1)	165 (82.9)				
	55-64	2 (13.3)	13 (86.7)				

Table 4.7

Relationships: Average Age of Club Members (ANOVAs)

Item	Group	<i>M</i>	<i>S.D.</i>	<i>F</i>	<i>df</i>	<i>p</i>
Q32 Maintenance of floor/ground in host facility	18-24	3.81	0.63	6.640	3	.001*
	25-34	3.27	1.17			
	35-54	3.25	1.19			
	55-64	3.87	0.74			
Q33 Preventing participants from using defective equipment prior to repair	18-24	3.62	0.94	6.709	3	.000
	25-34	3.14	0.99			
	35-54	2.77	1.12			
	55-64	3.40	1.06			
<i>Group 1: 35-54, 25-34 & 55-64</i>						
<i>Group 2: 25-34, 55-64 & 18-24</i>						
Q34 Host facility's quality of lighting in the appropriate locations	18-24	4.42	0.64	26.581	3	.000*
	25-34	2.91	1.46			
	35-54	3.12	1.31			
	55-64	3.80	1.21			
Q35 Presence of conspicuous warning signs where unsafe conditions exist	18-24	3.27	1.04	3.995	3	.008
	25-34	2.45	1.07			
	35-54	2.44	1.19			
	55-64	2.40	1.40			
<i>Group 1: 55-64, 35-54 & 25-34</i>						
<i>Group 2: 18-24</i>						
Q36 Maintenance of host facility	18-24	3.96	0.77	5.488	3	.001
	25-34	3.09	1.18			
	35-54	3.16	1.15			
	55-64	3.80	1.21			
<i>Group 1: 25-34, 35-54 & 55-64</i>						
<i>Group 2: 55-64 & 18-24</i>						

*Welch' ANOVA

Group 1 & Group 2: Tukey HSD Post Hoc Test Results

Chi-square tests were performed and eleven statistically significant relationships were found between the percentage club members with age of 40 and the risk management practices (See Table 4.8). On question 16, clubs with 51% or more members over age of 40 (50.0%) had approved significantly more waiver/exculpatory agreement by legal counsel than clubs with 50% or less members who are 40 years old or over (19.2%), $\chi^2=5.744$, $p=.017$.

However, for the majority of items in the questionnaire, clubs that have 50% or fewer members over age of 40 had higher scores of risk management practices than clubs with 51% or more members over age of 40. For example, on questions 22 (availability of a stationed AED in host facility, $\chi^2=7.808$, $p=.005$), 23 (presence of written procedures for medical emergency in host facility, $\chi^2=15.797$, $p=.000$), 27 (availability of host facility's supervising personnel, $\chi^2=4.721$, $p=.030$), 28 (requirement of official/referee to hold an appropriate certification before officiating, $\chi^2=5.372$, $p=.020$), and 30 (providing safety instruction to members, $\chi^2=16.106$, $p=.000$), clubs with fewer members over age of 40 were engaged in greater risk management practices than the counterpart.

Also, concerning the availability of certifications such as first aid or CPR (question 24 & 29), clubs with fewer number of members over 40 years old had more first aid and CPR trainings than the counterpart; and officials/referees in clubs with fewer number of members over 40 years old also received more first aid and CPR trainings than clubs with a higher percentage of members over age of 40. The Chi-square test results for questions 24 and 29 were .000 ($\chi^2=25.531$) and .019 ($\chi^2=7.890$) respectively.

After utilizing t-test, question 35 (5-point Likert scale) showed that clubs with 50% or fewer members over age of 40 ($M=2.70$) had participated in the facilities where more conspicuous warning signs were presented, compared to the facilities where clubs with 50% or more members over age of 40 ($M=2.30$) participate. The t value was significant at the .003 level ($F=3.040$). See Table 4.9 for more details.

Table 4.8

Relationships: Members over the Age of 40 (Chi-square tests)

Item	Group	Yes N (%)	No N (%)	χ^2	df	p	
Q16 Waiver/exculpatory agreement approved by legal counsel	50% or less	5 (19.2)	21 (80.8)	5.744	1	.017	
	51% or more	15 (50.0)	15 (50.0)				
Q22 Availability of a stationed Automated External Defibrillator (AED) in host facility	50% or less	20 (12.3)	142 (87.7)	7.808	1	.005	
	51% or more	5 (3.5)	137 (96.5)				
Q23 Presence of written procedures for medical emergency in host facility	50% or less	53 (32.7)	109 (67.3)	21.385	1	.000	
	51% or more	15 (10.6)	127 (89.4)				
Item	Group	First Aid N (%)	CPR N (%)	No N (%)	χ^2	df	p
Q24 Club member's availability of training in basic first aid, and/or CPR	50% or less	17(10.5)	42(25.9)	103(63.6)	25.531	2	.000
	51% or more	14(9.9)	7(4.9)	121(85.2)			
Item	Group	Yes N (%)	No N (%)	χ^2	df	p	
Q27 Availability of host facility's supervising personnel	50% or less	36 (22.2)	126 (77.8)	4.721	1	.030	
	51% or more	18 (12.7)	124 (87.3)				
Q28 Requirement of official/referee to hold an appropriate certification before officiating	50% or less	22 (13.6)	140 (86.4)	5.372	1	.020	
	51% or more	8 (5.6)	134 (94.4)				
Item	Group	First aid N (%)	CPR N (%)	No N (%)	χ^2	df	p
Q29 Requirement of official/referee to be certified in first aid, and/or CPR	50% or less	12(7.4)	11(6.8)	139(85.8)	7.890	2	.019
	51% or more	5(3.5)	2(1.4)	135(95.1)			

Table 4.8 Continued

Item	Group	Yes N (%)	No N (%)	χ^2	df	p
Q30 Providing safety instruction to members	50% or less	52 (32.1)	110 (67.9)	16.106	1	.000
	51% or more	18 (12.7)	124 (87.3)			

Table 4.9

Relationships: Members over Age of 40 (t-test)

Item	Group	M	S.D.	t	df	p
Q35 Presence of conspicuous warning signs where unsafe conditions exist	50% or less	2.70	1.18	3.040	302	.003
	51% or more	2.30	1.15			

As can be seen by Table 4.10, a multiple relationships were reported to be statistically significant. On question 21, clubs that have existed 11 years or more (58.2%) had the most first aid kits available, followed by clubs with longevity of six to ten (48.3%) and one to five (38.1%) years ($\chi^2=8.679, p=.013$).

On question 22, availability of a stationed AED in clubs' host facility was positively proportional to the shorter longevity of clubs, as "1-5" (15.2%) year old sport clubs had the most AEDs available in their host facility ($\chi^2=14.712, p=.001$).

Sport clubs formed between the past one to five years (39.0%) had significantly higher presence of written procedures for medical emergency in their host facility than clubs with "eleven or more" (15.5%) and "six to ten" (11.2%) years of existence, as shown in question 23, $\chi^2=26.201, p=.000$.

Fourth, on question 25, the study indicated that a medical doctor was mostly available for clubs that have been formed during the past six to ten (9.0%) years. Sport clubs with "one to five" and "eleven or more" years of existence indicated 6.7% and 0.9% respectively when they were asked about the availability of a medical doctor on their premises during the club participation. The statistical significance was at the .029 level ($\chi^2=7.075$).

On the various questions pertaining to the 5-point Likert scale, as shown in Table 4.11, the statistical relationships were also reported. For example, on questions 33: "preventing participants from using defective equipment prior to repair", clubs formed during the past one to five ($M=3.22$) years scored highest, followed by clubs with "6-10" ($M=2.97$) and "11 or more" ($M=2.68$) years of existence. Equality of variance was violated and Welch's ANOVA was used, $F=6.554, p=.002$.

Finally, on question 34, one to five year old clubs have scored significantly higher than clubs that have existed for six to ten years on the "host facility's quality of lighting in the

appropriate locations” variable. The F value (5.016) was significant at the .007 level. A Tukey HSD post hoc test was used to examine the group’s comparison.

Table 4.10

Relationships: Longevity of the Club (Chi-square tests)

Item	Group	Yes N (%)	No N (%)	χ^2	df	p
Q21 Accessibility of first aid kits	1-5	40 (38.1)	65 (61.9)	8.679	2	.013
	6-10	43 (48.3)	46 (51.7)			
	11 or more	64 (58.2)	46 (41.8)			
Q22 Availability of a stationed Automated External Defibrillator (AED) in host facility	1-5	16 (15.2)	89 (84.8)	14.712	2	.001
	6-10	8 (9.0)	81 (91.0)			
	11 or more	1 (0.9)	109 (99.1)			
Q23 Presence of written procedures for medical emergency in host facility	1-5	41 (39.0)	64 (61.0)	26.201	2	.000
	6-10	10 (11.2)	79 (88.8)			
	11 or more	17 (15.5)	93 (84.5)			
Q25 Availability of medical doctor on host facility during the club participation	1-5	7 (6.7)	98 (93.3)	7.075	2	.029
	6-10	8 (9.0)	81 (91.0)			
	11 or more	1 (0.9)	109 (99.1)			

Table 4.11

Relationships: Longevity of the Club (ANOVAs)

Item	Group	M	S.D.	F	df	p
Q33 Preventing participants from using defective equipment prior to repair	1-5	3.22	.96	6.554	2	.002*
	6-10	2.97	1.02			
	11 or more	2.68	1.25			
Q34 Host facility's quality of lighting in the appropriate locations	1-5	3.52	1.19	5.016	2	.007
	6-10	2.92	1.38			
	11 or more	3.17	1.43			
<i>Group 1: 6-10 & 11 or more</i>						
<i>Group 2: 11 or more & 1-5</i>						

*Welch' ANOVA

Group 1 & Group 2: Tukey HSD Post Hoc Test Results

Demographic location of sport club also has affected several risk management variables. Overall, as shown in Table 4.12, clubs in “metropolitan/urban” locations had the highest scores in several risk management variables. By way of illustration, on question 15, they were incorporating more waiver/exculpatory agreement policy than clubs in “suburban” or “rural” locations ($\chi^2=61.294, p=.000$). It was shown that over 50% of respondents from “metropolitan/urban” clubs had a waiver/exculpatory agreement policy, whereas “suburban” and “rural” clubs only had 11% and 14% respectively.

Sport clubs located in “metropolitan/urban” areas did significantly superior job in requiring all club members to sign a waiver/exculpatory agreement once they had the policy, compared to the clubs in other locations, $\chi^2=10.006, p=.007$ (question 17).

On question 20, most respondents in “metropolitan/urban” areas agreed that their club members were informed about the inherent dangers of activity, $\chi^2=10.091, p=.006$. Clubs in “rural” locations had the second most responses on this risk management variable, followed by “suburban” clubs.

No relationships were found between the “facilities/equipment” related risk management variables (questions 32-36) and demographic location of the club.

Table 4.12

Relationships: Location of the Club (Chi-square tests)

Item	Group	Yes N (%)	No N (%)	χ^2	df	p
Q15 Use of waiver/exculpatory agreement	Metropolitan/Urban	53 (54.1)	45 (45.9)	61.294	2	.000
	Suburban	11 (9.7)	102(90.3)			
	Rural	14 (15.4)	77 (84.6)			
Q17 Requirement for all club members to sign a waiver/exculpatory agreement	Metropolitan/Urban	37 (72.5)	14 (27.5)	10.006	2	.007
	Suburban	3 (27.3)	8 (72.7)			
	Rural	6 (42.9)	8 (57.1)			
Q20 Informing participants of dangers inherent in the activity	Metropolitan/Urban	39 (39.8)	59 (60.2)	10.091	2	.006
	Suburban	24 (20.9)	91 (79.1)			
	Rural	33 (36.3)	58 (63.7)			

Table 4.13 presents a relationship between ownership of host facility and various risk management practices. The ownerships of host facility are categorized into “private organization”, “municipality”, “academic institution”, and “other”. The first relationship was found on question 22: A stationed AED was mostly available in academic institution’s (17.9%) facilities that host club sport activities, while facilities hosted by private organization (9.6%), municipality (4.4%), and “other” organization (0.0%) all had responses that are less than ten percent. The significance level was at .003 ($\chi^2=13.637$).

According to the statistical results, ownership of clubs’ host facility has shown to influence availability of supervising personnel (question 27). It was reported that club sport managers who indicated “other” (35.7%) category in terms of facility ownership had the most supervising personnel available during the club participation. Academic institutions (22.4%) had the next most availability of supervising personnel, followed by municipalities (5.9%) and private organizations (12.3%), $\chi^2=9.504$, $p=.023$.

On the “facility/equipment” related risk management variables (Table 4.14), two statistical relationships were found to be significant; indicating that ownership of clubs’ host facility had an association with the following risk management practices. First, on question 32, academic institutions ($M=3.76$) had significantly higher scores than municipal facilities ($M=3.17$) in terms of maintaining floor/ground on the premises ($F=4.467$, $p=.031$). A Tukey HSD post hoc test was used to represent the homogenous subsets.

Secondly, on question 36, the study also found that academic institution’s facilities ($M=3.61$) had significantly higher scores on maintaining the premises than municipal based facilities ($M=3.04$). This statistical relationship among the groups was examined by a Tukey HSD post hoc test. The statistical significance was at the .010 level ($F=3.822$).

Table 4.13

Relationships: Ownership of Host Facility (Chi-square tests)

Item	Group	Yes N (%)	No N (%)	χ^2	df	p
Q22 Availability of a stationed Automated External Defibrillator (AED) in host facility	Private Organization	7 (9.6)	66 (90.4)	13.637	3	.003
	Municipality	6 (4.4)	130 (95.6)			
	Academic Institution	12 (17.9)	55 (82.1)			
	Other	0 (0.0)	28 (100.0)			
Item	Group	Yes N (%)	No N (%)	χ^2	df	p
Q27 Availability of host facility's supervising personnel	Private Organization	9 (12.3)	64 (87.7)	9.504	3	.023
	Municipality	20 (14.7)	116 (85.3)			
	Academic Institution	15 (22.4)	52 (77.6)			
	Other	10 (35.7)	18 (64.3)			

Table 4.14

Relationships: Ownership of Host Facility (ANOVAs)

Item	Group	M	S.D.	F	df	p
Q32 Maintenance of floor/ground in host facility	Private Organization	3.22	1.17	4.467	3	.004
	Municipality	3.17	1.18			
	Academic Institution	3.76	0.97			
	Other	3.36	1.03			
<i>Group 1 : Municipality, Private Organization, Other</i>						
<i>Group 2 : Private Organization, Other, Academic Institution</i>						
Q39 Maintenance of host facility	Private Organization	3.23	1.28	3.822	3	.010
	Municipality	3.04	1.13			
	Academic Institution	3.61	1.10			
	Other	3.36	0.83			
<i>Group 1 : Municipality, Private Organization, Other</i>						
<i>Group 2 : Private Organization, Other, Academic Institution</i>						

Group 1 & Group 2: Tukey HSD Post Hoc Test Results

CHAPTER 5

DISCUSSION

This chapter discusses each of the three research questions that were mentioned in chapter one. Additionally, the chapter presents implications of the study, recommendations for future research, and conclusions.

Discussion of the Findings

From the demographic information, a majority of sport clubs indicated that they are meeting up to five times a month to participate in club activities, which implies that club meetings are generally held once in every week by average. Despite most clubs responded meeting up to five times a month, the average club meeting per month for all respondents was about eight times, due to the many outlier responses.

The size of club sport organizations in South Korea was large in general, as average number of members within a club was slightly over 36. Most respondents (118 out of 306: 38.8%) noted that their clubs had 36 or more members. However, since the size of club may vary greatly depending on the type of sport, the statistical results may not portray an accurate picture of each sport club's size.

Among the members, the study found that club sport programs were mostly enjoyed by middle aged groups (35 to 54 year old). On the other side, it was surprising to find out that younger age groups (18 to 24 year old) were not much involved in club sports, as only 8.6% of all respondents belong to average ages between 18 and 24. In addition, a greater extent of sport clubs had many members over age of 40. Closer to half of the responding clubs (46.7%) indicated that 51% or more members are age 40 or over. Again, these data ascertained the fact that club sports are popular among the older age groups in South Korea.

In terms of longevity of sport clubs, the responses were fairly evenly distributed between the categories of “1-5 years”, “6-10 years” and “11 or more years”. Indeed, the largest number of responses came from clubs that have existed for more than 11 years. Meanwhile, there was also a significant number of clubs that were formed in recent years (one to five years). As mentioned earlier in the manuscript, a notable number of new sport clubs may be the evidence of the recent booming of club sport participation in South Korea (Yoo, 2011).

The survey responses came from a variety of locations: “metropolitan/urban” (32.2%), “suburban” (37.8%), and “rural” (29.9%). Among them, municipally managed facilities (44.7%) hosted the highest number of sport clubs being surveyed, as compared to facilities owned by private (24.0%) or academic institutions (22.0%). From this information, it would appear that municipal legislation in South Korea are accommodating the growing popularity of club sport participation, as they make facilities available for many club sport programs.

Research Question 1: What is the status of injury, accident and litigation associated with the participation in the various South Korean club sport programs as perceived by the club managers?

The results of this study revealed that a notable number of club sport participants are suffering injuries/accidents from club activities. In fact, 128 out of 304 (42%) club managers who were surveyed reported that they have observed at least one person being treated by a physician each year due to the sustained injuries /accidents from club sport participation. Furthermore, many of the injuries were identified as either critical or catastrophic. Unfortunately, the results found a total of 98 occurrences of critical or catastrophic injuries. Although most respondents indicated only one victim of critical or catastrophic injury/accident among their members, 31 respondents reported that this particular tragedy has

happened three or more times in his or her club. This fact alone could underscore a need for the enhancement of safety issues in sport clubs. Even though critical or catastrophic injuries/accidents are inherent risk of sport, a sound risk management program has to be in place to mitigate the frequency of such incidents.

As mentioned earlier, although a significant number of club sport managers have experienced or observed devastating injuries/accidents from club participation, either sport club or host facility's managers have been sued only 15 times during their regime (4.9%). Furthermore, among the 15 club managers being involved in a lawsuit, only 5 had a multiple lawsuits. This fact suggests that sport-related litigations are not a prevalent method to settle a dispute involving injuries/accidents in South Korean club sports. Also, it can be insinuated that South Korean citizens are not fully aware of their legal rights, as many individuals could perceive sport-related injuries as a mere misfortune instead of negligence from the service provider. However, this trend may change imminently once a plaintiff establishes a successful case precedent against defendant sport clubs or facilities.

In addition to a dearth of lawsuits being initiated against South Korean club sport programs, a majority of club managers indicated that indemnifying injured parties was also a rare occasion. Out of the 303 respondents, only 11 (3.6%) club managers were aware of the past indemnification. This may supplement the aforementioned facts about South Korean's passive attitudes on sport-related accidents; instead of fighting for their legal rights to seek compensation for sustained damages, it appears that many are simply trying to move on from the bad luck.

Albeit a lack of previous litigation records in South Korean club sport programs, 121 (39.8%) club managers being surveyed revealed that they are indeed apprehensive about a lawsuit initiated by injured participants. Fifty-four (17.8%) club managers had neutral opinions regarding a fear of lawsuit. Since the risk perception about a possible lawsuit

appear to be substantive for many club sport managers in spite of infrequent litigation, it is hoped that such perceived risk factors would lead to an establishment of stringent preventative measures toward injuries/accidents in the foreseeable future.

RQ2. What risk management practices and legal considerations are implemented across the various South Korean club sport programs?

From the results indicated in the risk management practices table (Table 3.1), the reality portrayed that a greater extent of South Korean sport clubs are not implementing safety measures and legal defense mechanisms. Presumably, the lack of risk management practices in place may be the result of the sporadic litigation status in South Korea. For instance, a low number of lawsuits may not necessitate sport club to harness a waiver/exculpatory agreement, and even if the clubs have a waiver/exculpatory policy in hand, it appears that they are not concerned about what contents are included in the document. For example, not many sport clubs have a waiver/exculpatory documents that were reviewed by legal counsel or included the appropriate contents, such as a clear description of risks in the activity. In this respect, some of the recommendation to encourage using more waiver/exculpatory agreement in an appropriate term is to develop and reference a professional standards and guidelines. Just like the American College of Sports Medicine (ACSM) have recommendations for what elements to include in a waiver/exculpatory agreements, South Korean sport practitioners are encouraged to adopt a similar standards and guidelines in order to assist creating an effective legal documentation.

Pre-activity health screenings is another area that club sport managers should re-evaluate in their risk management plan. As indicated, only 3.6% of club managers required a medical information form from their members. Considering the fact that a large number of club sport population is middle aged, it is probable that many of them have pre-existing

medical conditions, such as high blood pressure, high cholesterol, or history of heart disease. Hence, the use of a medical history form would play a critical role in screening participants who are at the high health risks. Informing club participants about inherent dangers of the activity is another important component of pre-activity health screening procedure. Despite the fact that this practice could be easily accomplished without any major hindrance, only slightly over 30% of the respondents were informing members about inherent dangers of the activity. Although it seems that informing participants about the activity's danger is a trivial task, the evidence of this practice can make a dramatic difference when club managers are facing a decision in the court.

South Korean sport clubs are also lacking a sound risk management practices with regards to having an appropriate medical emergency action plans in the consequence of injuries/accidents. The results derived from this study showed that not even half of the respondent clubs owned a first aid kit. The availability of AEDs was even rarer, as only 8.2% of the clubs being surveyed reported AED's presence in their host facility. Other important medical emergency action plans were also predominantly absent, including the presence of written procedures for medical emergency (22.4%); availability of a medical doctor on the premises (5.3%); and use of a pre-formatted incident report (4.3%). Moreover, only 10.2% of clubs had an individual with CPR training and 16.1% of clubs held first aid training by at least one of their members. From this information, it can be hypothetically assumed that sport clubs are entirely relying on a local medical emergency service (EMS) once a member sustains severe injuries/accidents. However, not all sport clubs may be participating in a facility near a hospital, and EMS could take several minutes to arrive at sport facility. Therefore, it would be important to adopt the inter-organizational procedures for the initial handling of injuries/accidents. In some instances, immediate medical cares are necessary before the arrival of EMS, to prevent a further damage or even death.

To discuss other findings of club sport risk management practices, the results were not encouraging as well. At first, supervision was not available for a plethora of clubs; only 17.8% actually had supervising personnel in their host facility. In fact, supervision is recognized as one of the most important areas of physical activity and it is typically called into question when negligence lawsuit is filed (Appenzeller, 2012). Thus, having the personnel who is in control over an activity in a facility may be an important factor in case of a lawsuit. Secondly, not many clubs (9.9%) require official/referee to hold an appropriate certification prior to being assigned to the officiating role. Furthermore, official/referee rarely possessed the certifications in relation to CPR (5.6%) or first aid (4.3%). Again, this could cause a problem to club sport managers since they may be held liable if they have not hired qualified personnel or ensured that they are not properly trained for the assigned duties. Third, safety instruction was not being provided more than it should be. Only 70 out of 234 (23%) club managers agreed on instructing activity's safety issues to their members. Perhaps, safety instruction may be an important element for establishing a primary assumption of risk, particularly on educating participants about dangers associated with the activity. In American court decisions, a successful establishment of a primary assumption of risk is determining factor for a defendant to prevail in the court.

As mentioned earlier in the literature review section of the study, hiring independent contractor to drive a vehicle is much safer legal option than using privately or team owned vehicles when sport clubs need to travel as a group. However, when club sport managers were asked to identify the type of transportation method they use for traveling, over 71% reported using privately-owned vehicles. Just over 13% were using a team-owned vehicle and only 8.2% of respondents were hiring independent contractor to drive a vehicle. As a matter of fact, a lack of hiring independent contractor could be due to the less frequent traveling and shorter distance to the away competition. Accordingly, South Korean sport

clubs may not feel obligated to spend their budget on independent contractor or other legally reliable methods of transportation.

Lastly, concerning the facilities and equipment related risk management practices, the overall response scores were generally neutral. By way of illustration, an average score of 3.33 out of 5 was given to the variable of “maintenance of floor/ground in host facility.” “Host facility’s quality of lighting in the appropriate location” variable also had a similar mean score of 3.22, as well as the maintenance of host facility in general ($M=3.24$). From this particular information, club sport managers appear to be relatively satisfied of the playing condition even though there may be more areas for the improvement. However, some items had the responses averaging below a score of 3 (neutral). In particular, it was shown that a manager of host facility is not doing a decent job in preventing club members from using the defective equipment until it is fixed. Perhaps, this problem also can be solved easily by posting a warning signage or storing defective equipment in a secure place. Another item that fell below a score of 3 was posting a conspicuous warning signs in dangerous areas. In order to locate the hazards within a facility, it should be identified during the facility audit which is a systematic method of identifying risks (Seidler, 2005). Often times, hazards may be hidden or latent so that it would be important for facility manager to inspect those hazards in advance and warn participants by placing conspicuous signs.

RQ3. Do institutional demographic factors such as sport, frequency of club meeting, number of members, average age of members, seniority of members, longevity of club, location of club, and ownership of club have an association with sports clubs’ risk management practices?

The statistical results have shown that all of the institutional demographic factors did have an association with at least one risk management variable, even though not all of the relationships were meaningful. The following are the description of the findings.

First of all, a degree of risk management implementation was varied among the different type of selected sports. Despite the results without an explicit trend, basketball clubs seem to have the most risk management practices available compared to the other clubs, as they had the highest scores for most risk management variables. On the other hand, badminton clubs were reported to be lacking risk management in the most areas. From the findings, it is likely that a contact sport such as basketball may need a relatively higher degree of risk management approaches than non-contact sport like badminton.

Second, the number of sport club's meeting also had an association with several risk management practices. The findings portrayed that risk management variables were not always proportional to frequent club meetings. In fact, clubs that meet most frequently had the lowest scores in most risk management variables. Surprisingly, clubs meeting six to ten times a month did have the highest scores of risk management practices in most variables.

Third, for the association between the number of club members and risk management approaches, only a few relationships were found. All in all, the results were interesting to find out that a larger clubs (36 or more members) had the least scores of risk management practices in three out of four variables that were statistically significant. Ironically, clubs with a smaller group (1 to 25 members) performed best in two out of four risk management variables that had a significant result. These findings were consistent with the study conducted by Kim in 1996, which focused on risk management/litigation status of sport centers in South Korea. According to this study, a smaller sport centers were also more likely to have more effective risk management programs than a larger sport centers (Kim, 1996).

Fourth, although there were several statistical relationships between club's average age of members and risk management variables, a clear trend was not interpreted. Indeed, the higher scores of risk management practices were generally found for the younger age groups of "18-24" and "25-34" categories. For example, these age groups had significantly more first aid and CPR certifications than the age groups of "35-54" and "55-64". Also, the younger clubs provided more safety instructions to members than the older age groups. The implication from these findings is that clubs with younger members may be more knowledgeable about managing sport programs than older groups. One of the possible explanations might be the influence of education in sport management fields. Sport management is relatively a nascent curriculum in South Korean higher education in which the older generations may be unfamiliar with the key components of managing sport organizations.

Fifth, the percentage of club members over age of 40 has shown to be a significant factor in affecting risk management practices. The findings have indicated that sport clubs with fewer than 50% of 40-plus-year old members were implementing a higher degree of risk management in several areas than clubs with more than half of 40-plus-year-old members. Such findings were contrary to the researcher's hypothetical assumptions that risk management policies should be more stringent for clubs with a predominant number of older populations. As older populations are vulnerable to the strenuous nature of sport activities, it would be important for many clubs to pay special attentions to older members' physical health.

Sixth, longevity of club is found to be inversely proportional to the selected risk management practices. In other words, newer clubs had the higher scores in several risk management variables than the older clubs. Based on the premise that sport clubs have been formalized and systematized with the support from the government, as well as the induction

of league system in the recent years, the newer clubs may have influenced from this new era (Korean Ministry of Culture, Sports and Tourism, 2012). Understandably, newer clubs may be managed more systematically with the presence of various organizational policies and procedures.

Seventh, concerning the relationships between location of club and risk management variables, sport clubs in metropolitan/urban areas were shown to be involved in more risk management practices than clubs in suburban or rural areas. These findings were consistent with the researcher's hypothesis.

Finally, ownership of club's host facility and risk management practices had an association. Among the four categories of club's host facility: "private", "municipal", "academic", and the "other", risk management practices were mostly accomplished by academic institution's sport facilities. For example, academic institution's facilities had the most AED on the premises; highest scores on the maintenance of floor/ground; and they also received highest scores on the general maintenance of facility. The reason for the aforesaid results may be due to the fact that sport facilities within academic institutions are primarily for students. Hence, the level of maintenance must have a higher scrutiny to prevent foreseeable injuries/accidents that students could suffer during the periodic physical education classes or extracurricular activities.

Implication of the Study

According to Choi (2014), South Korean population is engaging in more active lifestyle, as increasing number of people are participating in some type of physical activities. People who participate in the physical activities have increased from 18,730,000 in 2012 to 19,730,000 in 2013, which showed an increase of approximately one million people (Korean Ministry of Culture, Sports and Tourism, 2012). Hypothetically, the country's surge of the

interests in active lifestyle can translate to participation in an organized sport programs. In this respect, sport practitioners must acclimatize a booming of “sport for all culture” by establishing a sound management of sport program. Perhaps, club sport programs may be an area where an immediate attention is needed, considering the fact that club sport can be easily accessed to all citizens regardless of the skills or experiences. However, as the result of the study have indicated, South Korean sport clubs are relatively a novice in terms of being equipped with a sound risk management programs and legal defense mechanisms, which is one of the most fundamental procedures that should be considered in managing sport organizations.

Based on the aforementioned facts and findings from the study, the practical implication for sport practitioners is to immediately start implementing fundamental procedures for risk management. In order to accomplish such tasks, higher administrators need to establish standards and guidelines with regards to managing sport programs. Specifically, there are several areas that could be addressed from the administrator’s standpoint. Some of the areas to consider are enforcement of waiver/exculpatory agreement, requirement of certifications such as first aid or CPR, staff training, supervisory responsibilities, etc. It is also vital that guidelines similar to ACSM (American College of Sports Medicine) need to be inducted in order to educate sport practitioners about facility standards, Emergency Action Plans (EAP), and requirement of various certifications. Lastly, it would be crucial for sport practitioners to be aware of the potential implications for a legal lawsuit. Even though the result of this study did not reveal many occurrences of lawsuits filed by club sport participants, it would be foreseeable to expect the increasing number of litigation just like the United States, where sport-related lawsuits have been steadily increased over the years (Appenzeller, 2012).

Recommendation for Future Research

Based on the finding of the study, several recommendations were presented for future research considerations:

1. A comparative study between South Korea and other countries should be conducted to measure differences in sport clubs' risk management practices and legal considerations in order to benchmark the compliance.
2. A study that measures club sport manager's risk perception would yield valuable information since risk management practices may be contingent based on how club managers perceive the risks that are associated with the club activities.
3. A study that measures club sport members' risk perception would be valuable because the members' risk perception could be different from the managers'.
4. A study that analyzes South Korean sport related lawsuits to determine the vulnerable area of risk management would be meaningful.
5. Investigating club managers' risk perception versus legal realities in South Korean club sports may implicate whether the club managers' concerns are aligned with the litigation being decided in the court.
6. It would be useful to replicate this study by surveying managers of other sport organizations such as park district, high school athletics, and intercollegiate athletics.
7. It would be meaningful to select other popular sports in South Korea that are not included in this study, such as swimming, taekwondo, and racquetball.
8. A qualitative study of South Korean club sport managers using the interview technique may be an effective ways to enhance the understandings of their experience, motivation, and challenges to implementing risk management practices.

Conclusions

From this study, several objectives has been accomplished, which include the investigation of South Korean sport clubs' status of injury/accident and litigation status, risk management practices and legal considerations, and relationships between clubs' demographic factors and risk management practices. Overall, South Korean sport clubs are still in a phase where the framework for risk management and legal considerations are not steady, considering a notable number of reported injuries/accidents.

Realistically, the findings from the study may not fully encompass the risk management related issues in managing club sports, but this research may help assist building the basic framework for law and policy issues with regards to managing sport organizations in South Korea. Additionally, this research can be a motivating factor for South Korean sport practitioners to be aware of the indigent nature of organizational policy issues. All in all, it is hoped that the awareness of the problems being discussed in this study would lead to more comprehensive risk management programs and practitioners' concerted efforts to avoid a preventable injuries and possible litigation in the future.

APPENDIX A

INSTITUTIONAL REVIEW BOARD APPROVAL



DATE: 4/23/2014

REFERENCE #: 05514
PROJECT TITLE: An analysis of risk management practices and legal considerations in South Korean club sports

PI OF RECORD: John Barnes
SUBMISSION TYPE: New Project

BOARD DECISION: APPROVED
EFFECTIVE DATE: 4/23/2014
EXPIRATION DATE: 4/19/2015
REVIEW TYPE: Expedited
REVIEW CATEGORY: Expedited review category 7
SUBPART DECISION: Not Applicable
PROJECT STATUS: Active – Open to Enrollment

DOCUMENTS: NS Application signed 3/12/2014;
Department Review Form signed 3/11/2014;
Protocol v3/18/2014;
Consent Cover Letter - English v4/22/2014;
Consent Cover Letter - Korean v4/22/2014;
Survey - English v3/14/2014;
Survey - Korean v3/14/2014.

Full Committee or Expedited review of this submission occurred on 4/20/2014 and requested modifications were reviewed using Expedited procedures on 4/23/2014.

Thank you for your submission of New Project materials for this project. The UNM Institutional Review Board has APPROVED your submission. This approval is based on an appropriate risk/benefit ratio and a project design wherein the risks have been minimized. This determination applies only to the activities described in the submission and does not apply should any changes be made to these documents. If changes are being considered, it is the responsibility of the Principal Investigator submit an amendment to this project for IRB review and receive IRB approval prior to implementing the changes. A change in the research may disqualify this research from the current review category.

The UNM IRB has determined the following:

Informed consent must be obtained and documentation of informed consent has been waived for this project. To obtain consent, use only approved consent document(s).

All reportable events must be promptly reported to the UNM IRB, including: UNANTICIPATED PROBLEMS involving risks to participants or others, SERIOUS adverse events, UNEXPECTED adverse events, NON-COMPLIANCE issues, and COMPLAINTS. All FDA and sponsor reporting requirements should also be followed.

The UNM IRB approved the project from 4/20/2014 to 4/19/2015 inclusive. A continuing review or closure submission is due no later than 3/19/2015. It is the responsibility of the Principal Investigator to apply for continuing review and receive continuing approval for the duration of this project. If this project lapses past the expiration date, all research related activities must stop and further action may be required by the IRB.

Please use the appropriate reporting forms and procedures to request amendments, continuing review, closure, and reporting of events for this project.



Office of the
Institutional Review Board

Please note that all IRB records must be retained for a minimum of three years after the closure of this project.

Sincerely,

J. Scott Tonigan, PhD
IRB Chair

APPENDIX B

INFORMED CONSENT FORM (ENGLISH VERSION)

**University of New Mexico
Informed Consent Cover Letter for Surveys**

STUDY TITLE

An Analysis of Risk Management Practices and Legal Considerations in South Korean Club Sports

Sungwon Kim and John Barnes from the Department of Health, Exercise & Sport Sciences, are conducting a research study. The purpose of the study is to investigate the risk management practices and legal considerations associated with club sport participation in South Korea. You are being asked to participate in this study because of your status as a club sport manager in South Korea.

Your participation will involve filling out the survey questionnaire about the risk management practices and legal considerations of your club sport program. The survey should take about 5-6 minutes to complete. Your involvement in the study is voluntary, and you may choose not to participate. There are no names or identifying information associated with this survey. The survey includes questions such as does your club inform participants in specific terms of the dangers inherent in the activity? You can refuse to answer any of the questions at any time. The risks are minimal in this study, as some individuals may experience discomfort when answering some survey questions. However, such discomfort is not expected to be severe enough to cause any psychological stress.

The returned survey will be kept securely in the student investigator's personal computer, and if printed, it will be stored in a locked cabinet at the Principal Investigator's office (UNM Johnson Center).

The findings from this study may provide a precursory examination of risk management practices and legal considerations in South Korean club sport programs. If published, results will be presented in summary form only.

If you have any questions about this research project, please feel free to call Sungwon Kim at +1 (224) 803-0420. If you have questions regarding your legal rights as a research subject, you may call the UNM Office of the IRB (OIRB) at +1 (505) 277-2644.

By returning the survey, you will be agreeing to participate in the above described research study.

Thank you for your consideration.

Sincerely,

Researcher's Name
Sungwon Kim

Researcher's Title
Master's Candidate



Number: 05514
Version: 4/22/2014
Approved: 4/23/2014
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Institutional Review Board

APPENDIX C

INFORMED CONSENT FORM (KOREAN VERSION)

뉴멕시코 대학
설문지 참여에 관한 사전동의서

논문 주제

한국 스포츠 동호회의 위험 관리 수행도와 법적문제 관련 고찰

저는 미국 뉴멕시코 대학의 Health, Exercise & Sport Sciences 학과의 석사과정에서 공부하는 김성원입니다. 저와 저의 지도교수 John Barnes 는 "한국 스포츠 동호회의 위험 관리 수행도와 법적문제 관련 고찰"이라는 연구를 진행하고 있습니다. 다음은 본 연구를 위해 여러분에게 설문지 참여에 관한 사전 동의를 구하는 글입니다. 본 연구는 한국 스포츠 동호회에 관한 위험 관리 수행도와 법적으로 발생하는 문제에 관한 고찰에 목적을 두고 있습니다. 여러분은 스포츠 동호회의 관리자이기 때문에 본 연구의 대상으로 선정되었으며 여러분의 참여는 본 연구에 큰 도움이 될 것입니다.

본 연구에 참여한다면 여러분은 현재 활동하고 있는 스포츠 동호회의 위험 관리 관행 및 법적 고려 사항에 대한 몇 가지 질문을 받게 될 것입니다. 설문조사를 완료하는 데 걸리는 시간은 5-6 분 정도가 될 것이며 설문조사에 응할지 여부는 순전히 여러분 자신의 자발성에 맡기는 바입니다. 본 설문지에는 개인이나 동호회 단체의 식별 정보를 요구하는 문항이 없습니다. 다만 설문지에는 다음과 같은 문항이 포함되어 있습니다. 가령 "귀하의 스포츠 동호회에서는 멤버에게 클럽활동에서 발생할 수 있는 내재된 위험요소들을 미리 알려줍니까?"와 같은 질문이 들어 있습니다. 만약 질문에 답을 해나가다 불편하다고 느끼면 그런 문항에 대해서는 답변을 하지 않아도 됩니다. 본 설문지에 참여함으로써 일어날 수 있는 위험 요소는 거의 없지만 사람에게 따라서는 답하면서 심기가 편치 않다는 느낌을 가질 수도 있습니다. 그렇지만 심리적 스트레스를 느낄 만큼 심각한 종류는 아니므로 걱정하지 않으셔도 됩니다.

여러분이 작성한 설문지 데이터는 저의 개인 컴퓨터에 안전하게 보관될 것이며, 보내주신 설문지도 외부에 함부로 유출하지 않을 것입니다. 만약 설문지를 인쇄 본으로 보관할 경우에는 뉴멕시코 대학 Johnson Center 에 있는 지도교수의 연구실 기밀 문서 보관함에 안전하게 보관될 것입니다.

본 설문지의 결과는 최초로 "한국 스포츠 동호회의 위험요소 관리와 법적 고찰의 발전"이라는 주제에 사용될 것이며, 만약 출판된다면 데이터의 결과는 요약 형식으로만 표시될 것입니다.

만약 본 연구에 관해 궁금한 점이 있다면 연구 책임자인 김성원(+1 224-803-0420) 에게 연락을 주시길 바랍니다. 그리고 만약 본 연구에 관하여 귀하의 사적문제에 관한 법적 권한의 질문이 있다면 뉴멕시코 대학의 Institutional Review Board 사무실 (+1 505-277-2644) 로 연락을 주시길 바랍니다.

이 설문지를 작성해 제출해주시면 제가 설명 드린대로 저의 연구에 참여하는 것에 동의하는 것으로 믿겠습니다.

감사합니다.

연구자 성명:
김성원

연구자 자격:
석사과정 학생



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APPENDIX D

CLUB SPORT RISK MANAGEMENT SURVEY (ENGLISH VERSION)

CLUB SPORTS RISK MANAGEMENT SURVEY

Instructions:

Please provide the following by filling out a blank or circling an answer.

Demographic Data:
1. What sports does your club offer? _____
2. How many times a month does your club meet for activity? _____
3. How many members does your club have currently? _____
4. What is the estimated average age of your club members? a. Under 18 b. 18-24 c. 25-34 d. 35-54 e. 55-64 f. Over 65
5. What percentages of your club members are over the age of 40? Approximately _____
6. How old is your club? Number of Years _____
7. What type of location is you club located? a. Metropolitan/Urban b. Suburban c. Rural
8. What is the ownership of your host facility? a. Private organization b. Municipality c. Academic institution d. Other

Injury/Accident & Litigation Status :
9. Approximately how many accidents/injuries per year have you suffered or observed (combined) that require treatment by physician during the club participation? _____ If no, skip question 10, go on to question 11
10. Approximately how many injuries were critical or catastrophic? _____
11. Have you or your club members filed a lawsuit to the club or to the host facility in regard to sustained injury/accident from the service provider's fault? Yes ___ No ___ Not sure ___ If yes, approximately how many lawsuits have been brought against the club or the host facility? _____
12. Have you or the host facility had to indemnify your club members in regard to sustained injury/accident from the fault under the National Compensation Law? Yes ___ No ___
13. What is the most prevalent cause of injuries/accidents in your club?

<p>a. Inherent risks of the activity b. Unsafe facilities & equipment c. Existing medical condition d. Other. Please specify_____</p>
<p>14. If your members sustain a severe injury or accident due to the fault of club or facility manager, do you expect lawsuit initiated by your members? Yes____No____Not sure_____</p>

<p>Risk Management Practices:</p>
<p>15. Does your club use a participant waiver/exculpatory agreement? 1=Yes 2=No If no, skip questions 16-18, go on to question 19</p>
<p>16. Are your waiver/exculpatory agreement clauses and forms approved by legal counsel? 1=Yes 2=No</p>
<p>17. Does your club require all members to sign a waiver/exculpatory agreement? 1=Yes 2=No</p>
<p>18. Does the content in the waiver/exculpatory agreement clearly identify the risks in the activity? 1=Yes 2=No</p>
<p>19. Does your club ask members to fill out a medical history report form for medical information such as high-blood pressure, high cholesterol, history of heart disease, etc.? 1=Yes 2=No</p>
<p>20. Does your club inform participants in specific terms of the dangers inherent in the activity? 1=Yes 2=No</p>
<p>21. Does your club have first aid kits readily accessible? 1=Yes 2=No</p>
<p>22. Does your host facility have a stationed Automated External Defibrillator (AED)? 1=Yes 2=No</p>
<p>23. Does your host facility have written procedures for medical emergency? 1=Yes 2=No</p>
<p>24. Does any member in your club have training in basic first aid, and/or CPR? 1=First aid 2=CPR 3=No</p>

25. Is a medical doctor available on your host facility during the club participation? 1=Yes 2=No
26. Does your club use a pre-formatted incident report for documenting accidents and injuries? 1=Yes 2=No
27. Does your club participate in the activity where the host facility's supervising personnel is available? 1=Yes 2=No
28. Does your club require official/referee to hold an appropriate certification before officiating? 1=Yes 2=No
29. Does your club require official/referee to be certified in first aid, and/or CPR? 1=First aid 2=CPR 3=No
30. Does your club provide safety instructions to members? 1=Yes 2=No
31. What type of transportation option does your club use when traveling? ____ Independent contractor ____ Team-owned vehicles ____ Privately-owned vehicles ____ Other

Instructions:

For questions 32-36, please circle the appropriate answer in the below that corresponds to the risk management practices at your home facility.

Key:

1=Strongly Disagree

2=Disagree

3=Neutral

4=Agree

5=Strongly Agree

32. Is the floor/ground well maintained in your host facility? 1 2 3 4 5
33. If equipment is found to be defective, does the manager of your host facility prevent participants from using the equipment prior to repair? 1 2 3 4 5
34. Is your host facility well-lighted in the appropriate locations? 1 2 3 4 5

35. Does your host facility have conspicuous warning signs where unsafe conditions exist?

1 2 3 4 5

36. Is your host facility well maintained?

1 2 3 4 5

APPENDIX E

CLUB SPORT RISK MANAGEMENT SURVEY (KOREAN VERSION)

스포츠 동호회 리스크 매니지먼트 (Risk Management) 설문

스포츠 동호회 관련 배경 정보:
1. 당신이 참여하는 스포츠 동호회는 어떤 종목입니까? _____
2. 당신의 동호회는 <u>한 달</u> 에 몇 번 활동을 합니까? _____
3. 현재 동호회의 등록인원수는? _____
4. 현재 동호회의 평균연령은? a. 18세 미만 b. 18-24 c. 25-34 d. 35-54 e. 55-64 f. 65세 이상
5. 동호회 회원 중 나이가 40세 이상 되는 회원의 비율은? _____%
6. 당신의 동호회는 형성된 지 몇 년이 되었습니까? _____년
7. 당신의 동호회가 활동하는 관할 구역은? a. 특별시/광역시 b. 시(市) c. 군(郡)
8. 당신의 동호회가 활동하는 체육시설의 소유형태는? a. 개인소유 b. 시/도 지방자치단체 소유 c. 교육기관 소유 d. 기타

스포츠 동호회 상해 및 소송 현황:
9. 매년 평균적으로 당신의 동호회 활동 중 의사의 응급조치를 필요로 하는 부상을 당한 적이나 목격한적이 대략 몇 번 있습니까? _____ *아니오 라고 답하셨다면 11번 문항으로 가시오
10. 부상을 당하거나 목격한 횟수 중 심각한 중상을 당한 경우는 대략 몇 번 있습니까? _____
11. 당신의 동호회 활동 중 부상이나 사고로 인해 동호회 책임자, 체육시설 담당자, 및 가해자를 고소 또는 소송을 목격한 적이 있습니까? 예____아니오____ 확실하지 않음____ 만약 고소한 적이나 소송을 목격한 적이 있다면 총 몇 번입니까? _____
12. 당신은 동호회 책임자 과실 또는 체육시설 담당자의 과실로 인해 부상/사고를 당한 결과 손해배상을 받은 적이 있으십니까? 예____아니오____

<p>13. 당신의 동호회 활동 중 가장 자주 발생하는 부상/사고 원인은?</p> <p>e. 해당 스포츠 경기 중 발생하는 원천적 요인</p> <p>f. 결함 또는 불안정한 체육 시설 및 기구</p> <p>g. 기존 건강상태</p> <p>h. 기타. 명시하시오_____</p>
<p>14. 만약 동호회 활동 중 동호회 책임자 또는 체육시설 담당자의 과실로 인해 심한 부상/사고를 당한다면 그 결과 소송을 제기 할 의사가 있습니까? 예____아니오____확실하지 않음____</p>

<p>스포츠 동호회 위험관리 기법:</p>
<p>15. 당신의 동호회는 법적 권리 포기 증서 (Waiver) 제도를 도입합니까?</p> <p>1=예</p> <p>2=아니오</p> <p>※법적 권리 포기 증서(Waiver): 동호회활동 중 발생한 상해에 대해서는 법적인 책임을 묻지 않겠다는 증서</p> <p>*아니오 라고 답하셨다면 19번 문항으로 가시오</p>
<p>16. 당신의 동호회의 법적 권리 포기 증서 (Waiver)는 법조인(변호사 포함)에게 자문이나 조언을 받아 작성됩니까?</p> <p>1=예</p> <p>2=아니오</p>
<p>17. 당신의 동호회는 모든 멤버에게 법적 권리 포기 증서 (Waiver)에 서명을 요구합니까?</p> <p>1=예</p> <p>2=아니오</p>
<p>18. 동호회의 법적 권리 포기 증서 (Waiver)는 동호회 활동 중 발생할 수 있는 위험요소를 제시합니까?</p> <p>1=예</p> <p>2=아니오</p>
<p>19. 당신의 동호회는 신규멤버에게 고혈압, 높은 콜레스테롤, 과거 심장병 유무 등 의료기록을 요구합니까?</p> <p>1=예</p> <p>2=아니오</p>
<p>20. 동호회 책임자는 멤버에게 동호회 활동 중 일어날수 있는 원천적 위험 요소를 교육 또는 제시합니까?</p> <p>1=예</p> <p>2=아니오</p>
<p>21. 당신의 동호회는 응급상황을 대비해 구급상자를 구비하고 있습니까?</p> <p>1=예</p> <p>2=아니오</p>
<p>22. 당신의 동호회는 응급상황을 대비해 자동제세동기 (AED) 를 구비하고 있습니까?</p>

<p>1=예 2=아니오</p>
<p>23. 당신의 동호회가 활동하는 체육시설에는 응급상황 발생시 환자에 대한 신속한 응급처치가 이행될 계획이 구비되어 있습니까? 1=예 2=아니오</p>
<p>24. 당신의 동호회는 응급처치 (First aid)나 응급소생술(CPR) 에 관한 자격증을 가진 회원이 있습니까? 1=응급처치 (First aid) 2=응급소생술 (CPR) 3=아니오</p>
<p>25. 당신이 활동하는 동호회의 체육시설에는 의료진이 항상 대기하고 있습니까? 1=예 2=아니오</p>
<p>26. 당신의 동호회는 부상/사고 당시 사고 정보를 기록할 수 있는 서류를 구비하고 있습니까? 1=예 2=아니오</p>
<p>27. 당신의 동호회가 활동하는 체육시설에는 안전 관리 감독을 하는 직원이 있습니까? 1=예 2=아니오</p>
<p>28. 당신의 동호회는 경기 중 고용된 심판에게 심판 자격증을 요구합니까? 1=예 2=아니오</p>
<p>29. 당신의 동호회는 경기 중 고용된 심판에게 응급처치 (First aid), 또는 응급소생술 (CPR)에 관한 자격증을 요구합니까? 1=응급처치 (First aid) 2=응급소생술 (CPR) 3=아니오</p>
<p>30. 당신의 동호회는 동호회 활동에 관한 안전 교육을 실행 합니까? 1=예 2=아니오</p>
<p>31. 당신의 동호회는 멤버가 단체로 체육시설로 이동 시 어떤 교통 수단을 사용합니까? ___ 버스 ___ 동호회 자가용 ___ 개인 자가용 ___ 기타</p>

아래 문항 32-38 번까지는 현재 활동 중인 체육시설에 대하여 평가해 주시기 바랍니다.

Key:

- 1=전혀 그렇지 않다
- 2=대체로 그렇지 않다
- 3=보통이다
- 4=대체로 그런 편이다
- 5=매우 그렇다

32. 체육 시설의 그라운드 상태가 잘 되어 있는 편이다. 1 2 3 4 5
33. 체육 시설 및 기구가 결함이 있을 경우 시설 담당자가 수리할 때까지 사용을 금지한다. 1 2 3 4 5
34. 체육 시설에 조명이 잘 밝혀진다. 1 2 3 4 5
35. 체육 시설의 위험소요가 있는 곳에 경고문 표시가 잘 되어있다. 1 2 3 4 5
36. 체육 시설의 관리 상태가 대체적으로 잘 되어있다. 1 2 3 4 5

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