

ASSUMPTION OF RISK AND RELEASE OF LIABILITY
for participation in Club Sports at The Catholic University of America

Name _____

Student ID (if applicable) _____ Phone Number _____

I, _____, will be voluntarily participating in club sports at The Catholic University of America (hereinafter "Activity"). In consideration for participation in this Activity, I agree to the following:

ASSUMPTION OF RISK: I understand that there are significant risks associated with participation in and travel associated with this Activity. I am aware that this Activity is inherently dangerous and that risks include, but are not limited to suffering minor, serious, and catastrophic physical and emotional injuries. I also understand that even if proper coaching techniques and protective equipment are used and rules are observed, the possibility of an injury still exists. I further am aware that I may be unsupervised while participating in the Activity and the Activity involves hazards that are unknown and unseen.

I understand that there are risks of injury involved in participating in the Activity and I voluntarily assume such risk. (Please initial: ____)

RELEASE AND INDEMNIFICATION: I knowingly release, waive, defend, and forever discharge the University, its agents, employees, officers, and trustees from any and all claims or liability for injury or damages (including loss or damage to property) arising from or attributable to my participation in or travel associated with the Activity, unless it is due to willful fault or gross negligence on the part of the University. (Please initial: ____)

MEDICAL WARNING AND CONSENT: I understand that the University recommends that I consult a physician before engaging in physical activity, and, if my physical health is questionable, that I obtain a medical clearance from a physician. I also understand that the University requires me to maintain a health insurance policy as a condition of enrollment. Further, I understand that I am responsible for all of my own medical expenses, including deductibles or co-pays. I consent to emergency medical treatment if it is determined to be necessary by the University in its sole discretion. In the event of a medical emergency, I also consent to the University contacting my emergency contact. (Please initial: ____)

I have read and understood the above provisions and agree to be bound by them.

Signature _____

Signature of Parent of Guardian _____
(if under 18 years of age)

Date _____