



SPORT CLUB MEMBERSHIP WAIVER- PLEASE PRINT

Name: _____ Academic Year (Freshman, Sophomore, etc....): _____

Club: _____ E-mail: _____

Local Address: _____

Home Address: _____

Cell Phone: _____ Age: _____ Banner ID #: _____

Emergency Contact: _____ Emergency Contact Number: _____

Membership Type (Circle All That Apply): Student Coach Other: _____

Allergies: _____

Medications: _____

Medical Conditions: _____

This is a statement in which you are informed of the established safe practices for participation in a sports club program. These practices have been compiled for your review and acknowledgement and are intended to increase your comfort and safety in participating in your sports club. **Please initial before each paragraph.** Your signature on this statement is required as proof that you are aware of these safety practices. Read and discuss the statement prior to signing it. If you are a minor, a parent or a guardian must also sign this form.

_____ I voluntarily agree to assume all risks involved in participating in the _____ club and/or traveling to and from participation sites in sports.

_____ I understand that supervision by Rowan staff is not always provided and is under no obligation to do so.

_____ I recognize that I may expose myself to injuries including but not limited to temporary or permanent muscle soreness, sprains, strains, cuts, bruises, abrasions, ligament and/ or cartilage damage, head, neck, or spinal injuries, loss of use of arms and/or legs, eye damage, disfigurement or even death.

_____ I also recognize that there are foreseeable and unforeseeable risks of injury or death that may occur as a result of participation in the above named sport that cannot be specifically listed.

_____ It is expressly understood by the undersigned that he/she is solely responsible for any costs arising out of the bodily or property damage sustained through participation in recreational activities.

_____ I understand that it is strongly encouraged that I consult with a physician before participating in any recreational activities to determine any potential hazards that may adversely affect my participation.



_____ I understand that anyone with a pre-existing condition is encouraged to have an I.D. bracelet or tag that lists all information vital to the condition.

_____ I understand that as sports club athlete I should:

- Maintain good mental and physical fitness for the sport. Avoid being under the influence of alcohol or dangerous drugs when participating. Keep proficient in my sport skills, striving to increase them through continuing education and reviewing them in controlled conditions and a period of inactivity.
- Be familiar with my sport. If not, obtain a formal orientation from a knowledgeable, local source. Do not engage in any sport club event unless specifically trained to do so.
- Use complete, well maintained, reliable equipment with which I am familiar; and inspect it for correct fit and function prior to each use.

_____ I affirm, to the best of my knowledge that I am in good physical and mental health and free from cardiovascular, respiratory or other diseases or ailments, which could endanger my performance.

_____ I affirm that I am of lawful age and legally competent to sign this waiver or that I have acquired the written consent of my parent or guardian.

_____ In full awareness of the above and in consideration of my participation in sports club activities, I waive, release and discharge any and all claims for death, personal injury or property damage against Rowan, The State University, its officers, agents, and employees, which I may have, or which may hereafter accrue to me as a result of my participation in the sports club. I agree to indemnify and hold harmless Rowan, the State University, its officers, agents, and employees, from any claim or loss of death, bodily injury or property damage arising in any manner out of my presence or activities in the course of my participation in this sports club activity. I further understand and agree that this waiver, release indemnity and assumption of risk are to binding on my heirs and assigns.

I have fully informed myself of the contents of this Informed Consent and Waiver form by reading it before I signed it on behalf of myself, my heirs, and assigns.

Signature: _____ Date: _____

Signature: _____ Date: _____
(Of Parent or Guardian if individual is a minor)

Office Use Only

Waiver Received Date: _____ Entered to Roster Date: _____ Initials: _____