

Sports Club Council

Assumption of Risk and Release of Liability

Club Name: _____

Assumption of Risk

In consideration for being allowed to participate in the sport of a recognized Sports Club Council member club at Western Michigan University, I voluntarily agree to assume all risks involved in participating in the sport and/or traveling to or from participation sites for the sport. I expose myself to the risk of injuries including, but not limited to, temporary or, permanent muscle soreness, sprains, strains, cuts, abrasions, bruises, 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 both foreseeable and unforeseeable risks of injury or death that may occur as a result of my participation in the above named sport that cannot be specifically listed.

Release of Liability

I release the Associated Students of Western Michigan University, and the employees, agents or representatives from any and all liability, claims, costs, expenses, injuries or losses including those resulting from acts of negligence by the student organization that I may otherwise sustain as a result of my participation in the above named sport. My participation includes, but is not limited to, traveling to or from games, meets, tournaments or practices whether in private or University owned vehicles; training for participation in the above sport; being coached in the above sport by paid or volunteer coaches; and/or using equipment for the above sport on or off Western Michigan University property.

Printed Name: _____

Class (Fr, Jr, etc.): _____

WIN #: _____

Phone: _____

Birth Date: _____

Email Address: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

I have carefully read this Assumption of Risk and Release of Liability and fully understand its contents. I am aware that this Assumption of Risk and Release of Liability is a contract between me and the student organization and I sign it at my own free will.

Signature: _____ **Date:** _____

This document will be considered effective from this date forward

Signature of the Witness to the Signing of this Document: _____