



Middle Tennessee State University

Campus Recreation: Sport Clubs

Assumption of Risk, Waiver, and Release from Liability

Sport Club Name: _____

Year 20____

Printed Name: _____

Date: _____

MTSU ID#: _____

Address: _____

Permanent: _____

Phone: _____

Email: _____

Age: _____ Gender: _____

Status: Student Faculty Staff

Health Insurance Provider:

Company Name: _____

Policy Number: _____

Middle Tennessee State University Sport Clubs Program

Assumption of Risk, Waiver, and Release from Liability

I, _____, desire to participate in MTSU Sport Clubs Program. This Assumption of Risk, Waiver, and Release from Liability covers the entirety of my participation in the Sport Clubs Program, including travel to any location off the MTSU campus in order to participate in activities associated with the Sport Clubs Program.

1. **Risk Factors:** I understand and acknowledge that the use of equipment and facilities provided by MTSU and participation in the Sport Clubs Program involves risks including, not limited to the following: risk of property damage, bodily injury including, but not limited to, permanent disability, paralysis, and possibly death. These risks may result from a variety of circumstances including, but not limited to, the use or misuse of

equipment or facilities, from the activity itself, from the acts of myself or others, including MTSU and its agents or from the unavailability of emergency medical care.

2. **Assumption of Risk:** I am participating in the Sport Clubs Program at my own free will. I understand that my decision to participate in the Sport Clubs Program is entirely voluntary and is not a requirement for completing a degree at MTSU. I assume full responsibility for all risks that may arise out of or result from my participation in the Sport Clubs Program, including, but not limited to those risks described in Section 1, above.

3. **Release, Indemnify, and Defend:** I hereby release waive, discharge, and hold harmless MTSU, and all of their affiliates, predecessors, successors, trustees, officers, directors, faculty, employees, agents, and representatives, past or present (hereinafter jointly referred to as “the Released Parties”) from any and all claims, suits, liabilities, judgments, costs and expenses (“Claims”) for any property damage, property loss or theft, personal injury or illness, death or other loss arising from or relating to my participation in the Sport Clubs Program.

4. **Insurance:** I understand that I am solely responsible for any medical, health or personal injury costs relating to my participation in the Sport Clubs Program. I understand that I am strongly encouraged to have a medical physical examination and purchase health insurance prior to any and all participation the Sport Clubs Program.

I have read and fully understand this Assumption of Risk, Waiver, and Release from Liability and understand that it relates to surrendering and releasing valuable legal rights. I do so freely and voluntarily.

PRINTED NAME: _____ Signature: _____ Date: _____