FLORIDA ATLANTIC UNIVERSITY
DEPARTMENT OF CAMPUS RECREATION
CLUB SPORTS WAIVER

Completion of this form is required by ALL Club Sport participants. This form must be completed annually. Please fill out one form for each sport. It is strongly recommended that participants purchase insurance that covers accidents which may occur during Club Sport activities.

Club Name:_____ **Participant Name**:_____ Female

Phone:_____ **Local Address**:_____

Email:_____ **Year in School**: Faculty/Staff

Emergency Contact:_____ **Relationship**:_____ **Phone**:_____

I am aware that all Club Sports involve risk, and that some are physical contact sports. I am aware that playing or practicing in any Club Sport may be a dangerous activity involving MANY RISKS OF INJURY. I understand that the dangers and risks of playing or practicing _____ **(sport)** include, but are not limited to death, serious neck and spinal injuries, which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system and serious injury or impairment to other aspects of my body, general health, and well-being. I understand that the dangers and risks of playing or practicing _____ **(sport)** may result not only in injury, but serious impairment of my future abilities to earn a living, to engage in other business, social, and recreational activities, and generally to enjoy life.

Because of the danger of participating in the above sport, I recognize the importance of following rules and regulations established by Florida Atlantic University and/or the Department of Campus Recreation, and agree to obey such rules, regulations, and instructions.

I acknowledge that I am in good physical condition and do not know of any condition or reason that I should not participate in _____**(sport).**

I RECOGNIZE AND ACKNOWLEDGE THAT FLORIDA ATLANTIC UNIVERSITY AND THE DEPARTMENT OF CAMPUS RECREATION DO NOT CARRY ANY TYPE OF ACCIDENT OR HEALTH INSURANCE POLICY ON THE PARTICIPANTS IN CLUB SPORT ACTIVITIES. I ALSO REALIZE THAT THE COST OF SPORTS INJURIES CAN BE CATASTROPHIC FOR THOSE WITHOUT PROPER MEDICAL COVERAGE.

I hereby recognize and assume all the risks associated with playing or practicing _____**(sport)** and release and agree to the indemnify of the State of Florida, Florida Atlantic University and their respective Trustees, employees, officers, representatives, agents, and volunteers, and I hold them free and harmless of and from all actions, liabilities, causes of action, claims, damages and costs arising from and accruing to me on account of death or any and all accident or injury to me, either directly or indirectly sustained by me as a consequence of my travel to or from, or my participation in any activities related to _____**(sport)** Club including, but not limited to travel involved in such participation. The terms hereof serve as a release and assumption of risk, indemnification and hold harmless for myself, my heirs, estate, executor, personal representative, administrator, assignees, and for all members of my family.

As a member of a Club Sports organization at FAU, I do not have the authority to commit or contract on behalf of the University in any form which includes written or verbal committals, emails, and/or formal letters.

I have read this waiver, understand that I am giving up substantial rights by signing it and voluntarily agree to be bound by it.

If participant is under 18 years of age: I certify that I am the parent or legal guardian of the above participant, that I have read the foregoing waiver and agree to its terms.

_____ _____ _____/_____/_____

Signature of Participant or Legal Guardian FAU Z-Number Date