

Please complete:

_____ Club

2015-2016

PENN STATE CLUB SPORTS PROGRAM

**ACKNOWLEDGEMENT OF RISK, RELEASE OF LIABILITY,
INDEMNIFICATION AGREEMENT AND PROMISE NOT TO SUE**

In consideration of my participation in the above referenced Penn State Club Sports Program (“Club”), the undersigned participant hereby freely agrees to the following:

1. I understand and acknowledge that participation in Club activities may be inherently dangerous and fully realize the dangers of participating in all Club activities. I KNOWINGLY AND VOLUNTARILY FULLY ASSUME THE RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE CLUB OR OTHERS, associated with participating in the Club, including, but not limited to, contusions, muscle strains and sprains, broken bones, lacerations, cardiac malfunction, head, neck and back injury, permanent and temporary paralysis, drowning, death and property damage.
2. I hereby waive, release and discharge, The Pennsylvania State University, its trustees, officers, employees, and agents, and the Club, its officers, instructors, representatives and any other persons involved in the Club’s activity, either directly or indirectly, of any and all responsibility or liability for any injury, loss or damage suffered directly or indirectly to myself or to any other person as a result of my voluntary participation in the Club’s activities.
3. I, on behalf of myself and my heirs, executors and personal representatives, agree to indemnify and promise not to sue, The Pennsylvania State University, its trustees, officers, employees, and agents, and the Club, its officers, instructors, representatives and any other persons involved in the Club’s activity, either directly or indirectly, for any injury, loss, or damage sustained by myself or others, as a result of my voluntary participation in the Club’s activities.

I HAVE READ AND FULLY UNDERSTAND THE TERMS OF THIS ACKNOWLEDGEMENT OF RISK, RELEASE OF LIABILITY, INDEMNIFICATION AGREEMENT AND PROMISE NOT TO SUE. BY SIGNING, I AGREE TO ITS TERMS IN THEIR ENTIRETY.

Participant Name (print) _____
(Last Name, First Name)

Participant Signature _____

Date _____

Parent/Guardian Signature _____
(If under 18 years of age)

Date _____

Please complete:

_____ Club

**2015-2016
PENN STATE CLUB SPORTS PROGRAM**

PARTICIPATION AGREEMENT

Compliance

Participation in any Penn State Club Sports Program (the “Club Sports Program”) is completely voluntary and requires compliance with all University policies and procedures. Visit www.guru.psu.edu for more information on University policies.

Club Sports Program participants have an obligation to refrain from actions and behavior that may jeopardize themselves or other Club Sports Program participants. The Club Sports Program reserves the right to remove participants from the Program for actions/behavior that are deemed dangerous to themselves and/or other Club Sports Program participants.

No Club nor any participant in any Club Sports Program may engage in hazing activities. Hazing is defined as any action or situation that recklessly or intentionally endangers the mental or physical health or safety of a student or that willfully destroys or removes public or private property for the purpose of initiation or admission into or affiliation with, or as a condition for continued membership in any recognized student organization, including the Club Sports Program.

Consumption of alcohol is prohibited during all Club Sports Program activities, regardless of the age of the participants. Non-prescribed drugs, performance enhancing drugs, or any other substances that might be dangerous or detrimental to the participant’s health, or performance as a member of this club are also prohibited. Club Sports Program activities are defined as any social, practice, competition, demonstration, clinic, or community service sponsored, hosted, or arranged by or for club members. Travel is considered a Club Sports Program activity from the time of departure to return.

Additional Responsibility

All Club Sports Program participants assume the responsibility to ensure that the elected or appointed officers of their club are administering the club appropriately. The participant acknowledges that he/she and all other members of the club can be held accountable for the actions/inactions of the elected/appointed club officers. The participant acknowledges that if he/she has any concerns about the administering of the club, the participant should contact the Club Sports Program Office at 143 Mary Beaver White Building, University Park, PA 16802.

Medical Insurance Requirements

Participation in any Club Sports Program activity is contingent on medical insurance coverage. The undersigned certifies that he/she has adequate medical insurance coverage that will cover medical expenses resulting from his/her participation in any of the Club Sports Program’s activities. The undersigned acknowledges that he/she is fully responsible for any and all medical expenses that he/she might incur as a result of his/her participation in any of the Club Sports Program’s activities, whether or not covered by insurance.

THE UNDERSIGNED HAS READ AND UNDERSTANDS THE ABOVE REGULATIONS AND REQUIREMENTS, AND AGREES TO CONDUCT HIMSELF/HERSELF IN A SAFE AND PRUDENT MANNER AT ALL TIMES WHILE PARTICIPATING IN THE ACTIVITIES OF THE CLUB SPORTS PROGRAM IDENTIFIED ABOVE.

Last Name _____ First Name _____

Phone Number _____ Gender _____

Member Type: Student PSU Email _____
 Faculty/Staff PSU Email _____
 Coach Email _____

Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____
(If under 18 years of age)

EMERGENCY CONTACT INFORMATION

Emergency Contact Name _____

Relationship to Participant _____

Emergency Contact Phone Number _____

CLUB OFFICER VERIFICATION:

Form reviewed and
added to online roster by: _____
Initials of Club Officer

CLUB SPORT OFFICE USE ONLY:

Verification of
Completed form _____
*Initials and date of
Club Sports Program Employee*