

The University of Utah Sport Clubs Program
ASSUMPTION OF RISK AND RELEASE OF LIABILITY

As a condition of my participation in the University of Utah Sports Club Program, and in consideration for the privileges that come from participation in that program including the use of the University of Utah name and logo, use of University of Utah facilities, and other services provided by CRS, and understanding that the University of Utah's CRS does not have the resources or man-power to monitor the activities of sports clubs, I hereby agree as follows:

1. I recognize and understand that there are certain risks of harm to me and others associated with my participation in the Sports Club Program, that there are dangers that cannot be fully foreseen, that there are risks and dangers that the University of Utah, CRS and their agents (hereinafter collectively the "University") cannot control, and that such risks and dangers could result in property damage, bodily injury or death to me and/or to others .
2. I understand that some of the dangers and inherent risks to me in playing or practicing to play in any 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 related to the eye and/or head, serious injury to virtually all internal organs, serious injury to all bones, joints, ligaments, muscles, tendons, and other parts of the muscular/skeletal system, and serious injury or impairment to other aspects of my body and general health and well-being.
3. I acknowledge that the University has strongly recommended to me that I seek medical advice prior to engaging in any part of the various athletic endeavors, including but not limited to club games, events, meets, practice sessions, and conditioning sessions, and activities incidental thereto.
4. I understand that because of limited resources, the University is unable to monitor my and others activities relating to the Sports Club Program. For this reason the University cannot and will not assume responsibility for any claims by me or by others that may arise out of my participation in the Sports Club Program.
5. I agree to assume all risks and responsibility for any and all claims for damages, including personal injury or death, medical expenses, disability, lost wages, loss of earning capacity and property damages which may be incurred by me while I engage in club games, events, meets, practice sessions, and conditioning sessions, and travel. In the event of an injury to me, I understand that I will be responsible for all medical costs incurred from the accident.
6. I agree to assume all risks and responsibility for any and all claims for damages, including personal injury or death, medical expenses, disability, lost wages, loss of earning capacity and property damages which may be made by others and that result in part from my participation in club games, events, meets, practice sessions, and conditioning sessions, and travel.
7. I agree to indemnify and hold harmless the University from any loss liability, damage or costs, including court costs and attorney fees, that the University may incur due to my participation in club-related activities, whether caused by my negligence, the negligence of others, and/or by the negligence University. However, such indemnification of the University does not apply where the loss is caused by the sole negligence of the University.

In signing this Release, I acknowledge and represent that I have carefully read the foregoing, understand it, and sign it voluntarily as my own free act and deed. No-one has made any oral representation, statements, or inducements in order to get me to sign this document. The University has given me the opportunity to consult legal counsel before signing this document. I am at least eighteen (18) years of age and fully competent. I execute this Release in order to receive the benefits provided by the Sports Club Program and fully intend to be bound by this document.

Print Name: _____ Date of Birth: _____

Student ID Number (or Social Security No.): _____ Phone: _____

Local Address: _____

IN CASE OF EMERGENCY CONTACT:

Name (and relation): _____ Phone: _____

Address: _____

Signature of Participant

Date Signed