



Participant Name: \_\_\_\_\_ Club Sport \_\_\_\_\_ Year: \_\_\_\_\_  
2010-2011

## CLUB SPORT PARTICIPATION AGREEMENT

### Appendix C

I desire to participate in a Club Sport at Hillsdale College. I am informed that this program is run with volunteer coaches/instructors (some of whom may even be team members). HC does not select the coaches/instructors and bears no responsibility for the conduct of the coach/instructor of the activity. In addition, the College is not responsible for transporting me to or from any destination while I am engaged in this activity. If my selected club sport activity entails transportation, whether by vehicle or otherwise, HC bears no responsibility to me for its provision or ensuring my safety or security while traveling. I understand that the Club Sport Program at HC is a voluntary association.

#### *ACKNOWLEDGMENT OF RISKS*

As a potential participant of the Club Sport, I could possibly sustain injuries no matter how well conditioned I may be. Depending on the nature of the sport, injuries may be minor to fatal in nature. Some specific injuries may be sustained by participants in physical activity associated with sports such as this one are as follows: stoppage of breathing, spine and neck injuries (either of which could result in paralysis), concussion, heart failure, broken legs, feet, ankles, toes or other bones, heat stroke, heat cramp, heat exhaustion, stroke, convulsion, unconsciousness, abrasions to limbs such as arms, legs and head, fainting, sudden illness, cramps, and loss of wind. With respect to water sports, there is also the risk of drowning.

Physical contact poses risks in Club Sport activities as well, even though it occurs regularly as an accepted part of the sport. The propensity for major injuries, such as injuries to the spinal column, broken bones, concussion and internal injuries to major organs increases in relation to the force of impact upon contact or collision. I understand the risk of injury due to the force of a collision. I realize that if I have physical problems such as a heart condition, hypertension, orthopedic problems, or other medical problems, I should consult a physician concerning any limits to my activity. Additionally, **I realize I should have an annual physical prior to participating in any club sport activity.**

#### *USE OF HILLSDALE COLLEGE FACILITIES-*

In consideration of participation in a registered Hillsdale College Club Sport listed above, I understand that I assume the risk of using Hillsdale College facilities and shall indemnify Hillsdale College for all damages I cause. Any personal property that I bring to Hillsdale College is my sole risk and is not the responsibility of Hillsdale College. I release Hillsdale College from any liability for loss, damage, or theft of such property.

Further, I shall reimburse Hillsdale College for any loss, expense, repairs, or damages to Hillsdale College property resulting from use of said property.

I agree to indemnify, defend, and hold harmless Hillsdale College, its trustees, officers, employees, and students from all claims, suits, actions and liability including legal and defense cost arising, or alleged to arise, out of injuries or damages sustained by any persons, person, property (including without limitation claims on alleged defamation or infringement of rights to copyright, trademark, or other intellectual property) on account of or in consequence of any act or omission, neglect or misconduct, or in violation of any law, ordinance, or regulation, by the undersigned, its representatives, employees, agents, assignees, which was caused to occur doing my use of Hillsdale College facilities.

#### *TRAVEL-*

In consideration of participation in a registered Hillsdale College Club Sport listed above, I also understand I assume the risk of traveling to and from off-campus games, competitions and activities via private car, rental

car, charter bus, or airplane when authorized to do so through the Club Sports Office. I agree to indemnify, defend, and hold harmless Hillsdale College, its trustees, officers, employees, and students from all claims, suits, actions and liability including legal and defense cost arising, or alleged to arise, out of injuries or damages sustained *by* any persons, person, property (including without limitation claims on alleged defamation or infringement of rights to copyright, trademark, or other intellectual property) on account of or in consequence of any act or omission, neglect or misconduct, or in violation of any law, ordinance, or regulation, by the undersigned, its representatives, employees, agents, assignees, which was caused to occur when representing the Hillsdale College club sport listed above at away games, competitions, and activities.

**INFORMED CONSENT AND RELEASE**

In consideration of Hillsdale College providing support for this program and allowing me to participate. I AM ASSUMING FULL RESPONSIBILITY FOR MY ACTIVITY while participating in the Club Sports Program, and I specifically assume the risk of negligence of others including Hillsdale College, its employees, agents, officers or trustees. BY SIGNING THIS FORM, IT IS MY INTENT TO WAIVE MY RIGHTS TO MAKE LEGAL CLAIMS AGAINST OR TO SUE HILLSDALE COLLEGE, ITS AGENTS AND REPRESENTATIVES FOR DAMAGES AS COMPENSATION FOR ANY INJURIES SUSTAINED BECAUSE OF MY PARTICIPATION IN ITS ACTIVITY. IT IS MY INTENTION TO RELEASE HILLSDALE COLLEGE ITS AGENTS AND REPRESENTATIVES FROM LIABILITY TO ME BECAUSE OF MY VOLUNTARY PARTICIPATION IN THIS ACTIVITY.

**I certify that I am 18 years of age and have read this ACKNOWLEDGMENT OF RISK AND INFORMED CONSENT and RELEASE and understand all its terms.**

Name of Participant (Print) \_\_\_\_\_ Email \_\_\_\_\_

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

Campus Address \_\_\_\_\_ Campus Phone # \_\_\_\_\_

Graduation Year \_\_\_\_\_ Age Today \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Cell

Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Medical/Health Insurance Company Name \_\_\_\_\_

Policyholder's Name: \_\_\_\_\_ Policy Number \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone #

\_\_\_\_\_ Second Emergency #

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

