Santa Clara University

Club Sports: **Informed Consent and Release of Liability**

This form is due prior to any activity with the club team and your team President will be notified when you are approved to participate.

*** Required**

Please Print in Black or Blue Ink ONLY

*****Name: _____ *****SCU ID #: _____ *****Phone: _____

*****Local Address: _____ *****Club Sport: _____

*****E-Mail Address: _____

*****Date of Birth: _____ *****Graduation Year: _____ *****Gender: _____

*Emergency Contact Name: _____ *Relationship to Emergency Contact: _____

*Emergency Contact Phone #: _____

In consideration of being allowed to participate in the Santa Clara University Club Sports Program, I the undersigned:

1. Acknowledge that this activity is recreational and instructional, and that I have received and understand instruction in respect to rules and techniques for safe and proper play and conditioning;
2. Have been informed regarding the equipment required for the playing of the sport and acknowledge that I am personally responsible for the acquisition, maintenance and use of my equipment. To the extent that I may use equipment belonging to others, including SCU, I agree to inspect such equipment, personally determine that it is safe and suitable for play and decline to use it if I determine that it is not safe or suitable for such use;
3. Understand that serious injuries occasionally occur during participation in any competitive sport, and that participants in activities associated with sports occasionally sustain mortal or serious personal injuries, property damage or severe social economic loss as a consequence of not only their own actions, inactions or negligence but the actions, inactions or negligence of others, rules of play, or the condition of the premises or equipment used and that there may be other risks not known to me or not reasonably foreseeable at this time. For participants own benefit to reduce such risks; a physical examination is strongly recommended.
4. Accept full responsibility for the foregoing risk of injury, permanent disability or death;
5. Certify that at all times while I am a participant in this program, I will remain covered at my own expense, for accidental medical insurance –

   *Insurance carrier _____ *Policy # _____ *Phone # _____;
6. Certify that I have read and understand both the Santa Clara University Community Handbook and the Club Sports Handbook which contain policy and procedure governing this activity and I agree to abide by the rules and regulations contained therein;
7. I hereby license to Santa Clara University and its successors, (hereinafter "SCU"), the irrevocable right to use, reuse, publish and republish any photograph and/or video taken of me by SCU or those commissioned by SCU during Residence Life programs. This right applies to any reproductions in all forms and media whether now known or hereafter devised.
8. Agree to promptly report any accident or injury (Injury Report Form/Incident Report Form) to the Assistant Director or Director of Recreation;
9. Release, waive, discharge and covenant not to sue Santa Clara University, its directors, officers, employees, and agents, from all liability to the undersigned, his/her personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury, disability or death to the undersigned person while participating in this program, except for such loss, damage, claims or demands caused by the sole negligence or willful misconduct of Santa Clara University, its directors, officers, employees and agents.
10. EMERGENCY MEDICAL AUTHORIZATION: I, the undersigned, do hereby authorize Santa Clara University and its designated representatives to consent, on my behalf, to any medical/hospital care or treatment to be rendered upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization. I am 18 years of age or older, have read the above authorization, and confirm that the information contained herein is true and accurate.

I, THE UNDERSIGNED, HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

*SIGNATURE	*PRINT NAME	*DATE

*GUARDIAN SIGNATURE if under 18 years of age	*PRINT NAME	*DATE