

Florida International University Recreation Services
Sport Club Permission, Release & Indemnity Agreement

Only one form is required for each academic year. Separate clubs require separate forms. Please write legibly.

Club Name _____ **Semester/Year** _____
Student Name _____ **Panther ID#** _____
Local Address _____ **City** _____ **Zip** _____
Phone # _____ **Email** _____
Emergency Contact _____ **Phone** _____ **Relationship** _____

Demographic information (for statistical purposes only)

Academic Year: Fresh ___ Soph. ___ Jr ___ Sr ___ Grad ___
Gender: Female ___ Male ___ **Residence:** On campus ___ Off campus ___
Ethnicity: Asian ___ Black ___ Hispanic ___ Other ___ White ___

In consideration for permission to participate in Sport Club activities and their benefits, I hereby acknowledge the following:

- 1) I am aware that all Sport Clubs involve risk, and that some are violent contact sports;
- 2) I am aware that playing or practicing in any Sport Club will be a dangerous activity involving many risks of injury;
- 3) I know, appreciate and understand that the inherent dangers and risks of participating in the _____ **Club** include, but are not limited to, injuries ranging from minor scrapes, strains, and bruises to significant injuries to the muscular skeletal system, internal organs, oral-dental area, eye injury or loss, concussion, paralysis, and even death, and may result from my own actions, the actions of others, or a combination of both.
- 4) I recognize and acknowledge that Florida International University and the Department of Recreation Services do not provide or carry accident or health insurance on the participants in Sport Club activities. I also realize that sports injuries can be catastrophic for those without medical coverage.
- 5) I understand and agree that it is my responsibility to know, understand, and comply with all applicable Florida International University and Department of Recreation Services rules, regulations, and instructions.

I HEREBY RECOGNIZE ALL RISKS ASSOCIATED WITH MY PARTICIPATION IN _____ **CLUB** ACTIVITIES AND FOR MYSELF, MY HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGNS, AGREE TO RELEASE, WAIVE, DISCHARGE, RELINQUISH, INDEMNIFY AND HOLD HARMLESS THE STATE OF FLORIDA, THE BOARD OF GOVERNORS, THE FIU BOARD OF TRUSTEES, FLORIDA INTERNATIONAL UNIVERSITY, THE DEPARTMENT OF RECREATION SERVICES, AND THEIR RESPECTIVE OFFICERS, EMPLOYEES, AND AGENTS, FROM ANY AND ALL OBLIGATIONS, LIABILITIES, CLAIMS, DEMANDS, COSTS, AND EXPENSES (INCLUDING ATTORNEY'S FEES) WHATSOEVER WHICH MAY ARISE OR IN CONNECTION WITH MY PARTICIPATION IN _____ **CLUB** ACTIVITIES.

In signing this agreement, I have carefully read it and understand that the terms hereof serve as a release and assumption of risk, and that, being at least 18 years of age and fully competent, sign it voluntarily.

Participant Signature _____ **Date** _____
Witness Signature _____ **Date** _____