

AGREEMENT TO PARTICIPATE
FOR SPORT CLUB ATHLETES, at the UNIVERSITY OF DELAWARE

Assumption of Risk

I, (name) _____, U.D. ID # _____, am aware that playing or practicing in any sport can be a dangerous activity **involving many risks or injury**. I understand that the dangers and risks of playing or practicing in the Club Sport of _____ include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis or brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of my body, general health and well being.

Because of the dangers of participating in sports, I recognize the importance of following the team captain's instructions regarding playing techniques, training, rules of the sport, other organization rules, and to obey such instructions.

In consideration of the University of Delaware (UD) permitting me to practice, play, or try-out for the Club Sport to engage in all activities related to the Club Sport, including practicing, playing and travel, **I hereby voluntarily assume all risks**, associated with participation and **agree to exonerate and save harmless** the UD, its trustees, agents, servants and employed, from any and all liability, claims, causes of action or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to Club Sports.

The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and all members of my family. I hereby agree to submit any disputes that may arise between myself and the UD, its trustees, agents, servants and employees, in connection with my activities at the UD to binding arbitration before three arbitrators, in accordance with the Rules of American Arbitration Association.

I am in good health, not pregnant and able to undertake a general Club Sports program. I hereby consent to first aid, emergency medical care and, if necessary, admission to an accredited hospital or an emergency care center when necessary for executing such care, for treatment of injuries that I may sustain while participating in any activity associated with the Club Sport, including try-outs, practices, games, and travel.

I am responsible for my own medical insurance and will maintain that insurance throughout my entire period of participation while a member of the Club Sport mentioned. I will assume any additional expenses incurred which go beyond my health coverage. I will notify the Office of Club Sports of any significant injury that requires medical attention (such as emergency care, hospitalization, etc.).

I understand that this waiver shall be effective as long as I participate in Club Sports activities here at the University of Delaware. Further, I agree that I am obligated to notify the University if any of the information contained herein changes.

Insurance Company _____

Policy # _____ Effective Date _____

Name of Policy Holder _____

Important: complete second page of this form.

Hazing Policy

I have read and understood the University policies against hazing and agree to the following:

- I will not allow myself to be hazed nor will I tolerate the hazing or harassment of any of any fellow recruits or members.
- I understand that hazing is harmful and has no place in sports.
- If hazing occurs I promise to notify the proper authorities of the hazing activities of which I am aware.

Eligibility

I understand that I must be a full-time University of Delaware undergraduate student (12 credits w/rare exception) in order to participate in club sports.

I HAVE READ THE AND UNDERSTAND THIS AGREEMENT TO PARTICIPATE POLICIES AND AGREE TO THE FULL STATEMENT.

Student's Signature _____ Date _____