



# I RECREATION

## SPORT CLUB Member Agreement Form

PLEASE PRINT CLEARLY IN BLUE OR BLACK INK

Member Name: \_\_\_\_\_ Sport Club: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ ID#: \_\_\_\_\_ Classification: \_\_\_\_\_  
*FR, SO, JR, SR or GRAD*

Quarters in Club: \_\_\_\_\_ Gender: \_\_\_\_\_

Local Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

I, \_\_\_\_\_, desire to voluntarily participate in the CWU University Recreation \_\_\_\_\_ Sport Club Program.

I understand that:

- ◇ Coaching instruction is normally handled by non-paid personnel;
- ◇ Often these coaches are sport club members;
- ◇ **It is strongly recommended that before participating in any Sport Club activity that a physical examination by a medical doctor and/or a consultation with a health care provider be done to determine that I am physically and mentally fit and able to participate in strenuous activities;**
- ◇ Club participants have access to the student health center ONLY if they are students;
- ◇ Surgeries and other medical complications resulting from sport club participation will not be covered by the Student Health Center and will be the individuals personal financial responsibility; and
- ◇ Club participants may be required to travel to events in privately owned and operated vehicles.

I understand and agree that there is a risk of serious injury to me while utilizing University Recreation facilities, equipment, and programs and recognize every activity has a certain degree of risk, some more than others. By participating, I knowingly and voluntarily assume all risks, regardless of severity, in participating in the above mentioned sport and other activities through CWU University Recreation, including traveling to or from participation sites.

I hereby certify I have adequate health insurance to cover any injury or damages that I may suffer while participating, or alternatively, agree to bear all costs associated with any such injury or damage myself.

I further certify that I am in good health and have no mental or physical condition or symptoms that could interfere with my safety or the safety of others while participating in any activity using any equipment or facilities of CWU University Recreation. I understand and agree that I alone am responsible to determine whether I am physically and mentally fit to participate, perform, or utilize the activities, programs, equipment or facilities available at Central Washington University, and that I am not relying on any advice from CWU University Recreation in this regard. To the extent I have any questions or need any information about my physical or mental condition or limitations, I agree to seek professional advice from a qualified physician.

Further, I hereby RELEASE AND HOLD HARMLESS, the State of Washington, the Board of Trustees of Central Washington University, and its respective members, officers, employees, student workers, student interns, volunteers, agents, representatives, institutions, and/or departments from any and all liability, claims, damages, costs, expenses, personal injuries, illnesses, death or loss of personal property resulting, in whole or in part, from my participation in, or use of, any facility, equipment, and/or programs of Central Washington University. In case of an emergency, this consent also authorizes the release of this form and all medical and accident report forms to emergency personal, doctors, hospitals, insurance companies, my employers, other person or entities deemed appropriate by Central Washington University.

Photography is permitted at CWU University Recreation facilities for personal non-commercial and lawful use provided permission has been granted by the individual(s) being photo-graphed. The taking, capturing or recording of any and all photography, audio, or video of any kind in the pool, men's and women's locker rooms, and restrooms is strictly prohibited. Those who seek to photograph, film, or interview individuals at CWU University Recreation facilities for commercial use, media use, or class projects, must receive prior written approval from University Recreation administration prior to accessing CWU University Recreation facilities.

By entering a CWU University Recreation facility, you consent to being the subject of any photography, audio, or video recordings, which may take place while you are participating in pro-gramming and/or open recreation activities. Such photography and recordings may be used for CWU publications, webcasts, telecasts, advertising, and for any other additional promotional or marketing purpose as Central Washington University may see fit. By entering a CWU University Recreation facility, you hereby waive all rights or claims you may have to any financial compensation or payment of royalties in connection with any publications, webcasts, broadcasts, or exhibition of these materials. When/if your likeness or image is used in a publication, there will be no identifying information provided. If you do not wish to be photographed, please kindly inform our photographer or videographer.

**I HAVE READ THIS AGREEMENT AND UNDERSTAND ALL ITS TERMS.**

\_\_\_\_\_  
Signature, Club Member

\_\_\_\_\_  
Printed Name, Club Member

\_\_\_\_\_  
Date

### Medical Insurance Information

\_\_\_\_\_  
Provider

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Group Number