

**Central Washington University Sport Club**

**Assumption of Risk**

In consideration of being allowed to participate in the sport of \_\_\_\_\_, a recognized Sport Club Program at Central Washington University, I **hereby voluntarily assume all risks in participating in the above mentioned sport, including traveling to or from participation sites.** I understand that supervision by Central Washington University staff is not provided and by participating in the above named sport, **I am exposing myself to the risk of injury including but not limited to temporary or permanent muscle soreness, sprains, strains, cuts, abrasions, bruises, ligament and/or cartilage damage, head, or spinal injuries, loss of use of arms and/or legs, eye damage, disfigurement or even death.** I am also aware that there are other inherent risks of injuries that may occur by my participation in the above named sport that cannot be specifically listed.

I have carefully read the Assumption of Risk and fully understand its contents. This agreement is between Central Washington University and myself and I have signed the document on my own free will.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
DOCUMENT EFFECTIVE FROM THIS DATE FORWARD.

Signature of the Witness to the Signing of this Document: \_\_\_\_\_

If Signee is under the age of 18, parent or legal guardian must sign: \_\_\_\_\_

***Membership Information***

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Student ID # \_\_\_\_\_

Academic Year \_\_\_\_\_ Student Status: Fr So Jr Sr Age \_\_\_\_\_ Gender \_\_\_\_\_

Local Address

Permanent Address

Street \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Phone Number \_\_\_\_\_

**Emergency Contact**

Person \_\_\_\_\_  
Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

**Medical Insurance Information**

Provider \_\_\_\_\_ Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

**NOTE:** The sport club program strongly encourages you to consult with a physician before participating in any physical activity to determine any potential conditions that may adversely affect your participation. We also encourage those with a pre-existing condition to wear a medical alert bracelet or neck tag indicating the appropriate medical information. We strongly recommend that all participants have a medical insurance policy that will cover injuries or illness that may occur due to participation in sport club activities.