



Student Recreation Sport Club Program

RISK / LIABILITY AGREEMENT & RELEASE FORM

All members agree to participate voluntarily in the _____ Sport Club
at the University of Wisconsin-Oshkosh.

I UNDERSTAND THAT I AM BEING ASKED TO READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. I UNDERSTAND THAT IF I WISH TO DISCUSS ANY OF THE TERMS CONTAINED IN THIS AGREEMENT, I MAY CONTACT the office of the UW-Oshkosh Student Recreation Intramural and Sport Club Coordinator AT TELEPHONE NUMBER: 920-424-2083.

Assumption of Risks:

I understand that not all risks can be foreseen and there are some risks which are unpredictable. I understand that certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. I am aware of the risks of participation, which include, but are not limited to, the possibility of physical injury, fatigue, bruises, contusions, broken bones, concussion, paralysis, and even death. I understand that the university has advised me to seek the advice of my physician before participating in:

_____.

I understand that I have been advised to have health and accident insurance in effect and that no such coverage is provided for my by the University or the State of Wisconsin. Additionally, I understand that if I drive my own vehicle, I am responsible for my actions as well as providing proper insurance. I understand that neither UW-Oshkosh nor the Student Recreation Sport Club Program is responsible for the safety of personal vehicles, nor does it provide insurance. **I know, understand, and appreciate the risks that are inherent in the above-listed programs and activities. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.**

Hold Harmless, Indemnity and Release:

In consideration of my participation in these activities, I, for myself, spouse, heirs, personal representatives, estate or assigns, agree to defend, hold harmless, indemnify and release the Board of Regents of the University of Wisconsin System, the University of Wisconsin-Oshkosh, and their officers, employees, agents, volunteers, and all others who are involved, from and against any and all claims, demands, actions, or causes of action of any sort on account of damage to personal property, or personal injury, or death which may result from my participation in the above-listed program. This release includes claims based on the negligence of the Board of Regents of the University of Wisconsin System, the University of Wisconsin-Oshkosh, and their officers, employees, agents, and volunteers, but expressly does not include claims based on their intentional misconduct or gross negligence. **I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue.**

Consent for Emergency Treatment:

I authorize the University of Wisconsin-Oshkosh and its designated representatives to consent, on my behalf, to any emergency 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.

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS RELEASES THE UNIVERSITY FROM ANY LIABILITY RESULTING FROM YOUR PARTICIPATION IN SPORT CLUB ACTIVITIES.

PRINT NAME

TITAN ID#

LOCAL ADDRESS

PHONE

E_MAIL

AGE

SIGNATURE

DATE