WESTERN CAROLINA UNIVERSITY CLUB SPORTS
ASSUMPTION OF RISK and RELEASE (reviewed Aug. 2012)

Club Sport: _________________________

This Release is made between Western Carolina University (WCU) and the undersigned participant in Club Sports.

I understand that:

Club Sports at WCU consists of teams run by students, formed and operated as student clubs, unsupervised by WCU, which compete with similar teams from other institutions. The only items that may be provided by WCU are the following:

1. Equipment
2. Facilities

All other needs must be met by me or the Club Sports team including, but not limited to, all equipment, medical coverage, transportation, subsistence and referees.

I realize as a participant of a Club Sports team, that I could possibly incur injuries no matter how well conditioned I may be. Due to the nature of Club Sports, injuries may be minor to fatal in nature. I also realize that if I have a physical problem such as a heart condition, hypertension, orthopedic problems, or other medical problems, that I should consult a licensed physician concerning my participation in Club Sports. I understand that participation in the activities of the Club Sports team is purely voluntary and is not a part of the academic curriculum of WCU. I am fully aware of the risks and hazards connected with participation in the activity, and am fully aware that there may be risks and hazards unknown to me in connection with participation in the activities, and I hereby elect to voluntarily participate in such activity knowing that conditions may be hazardous, or may become hazardous or dangerous to me or my property.

I hereby voluntarily and expressly accept and assume all risks, hazards, and dangers inherent in participating in Club Sports activities, including training for and travel to and from the activities, and loss or damage to personal property owned by me.

Further, when transportation is furnished voluntarily by me for the purpose of traveling to and from Club Sports activities, it is expressly understood that I am solely responsible for any personal injury to myself, to passengers in my privately-owned vehicle, or to other persons. I am also responsible for damage to my personal property or the property of passengers or other persons in connection with the use of my privately-owned vehicle. If I use my privately-owned vehicle to travel to and from Club Sports activities, I will ensure that my automobile liability insurance policy, providing third party bodily injury and property damage insurance coverage, will be in full force and effect and that the terms and provisions of such policy do not exclude third party liability coverage incident to such transportation.

In consideration of and return for the opportunity to participate provided to me by WCU in Club Sports activities, I hereby agree, for myself and on behalf of my successors, heirs, and assigns, to waive any and all claims and release, satisfy, and forever discharge WCU and the Board of Governors of the University System of North Carolina (“UNC”), and WCU and UNC directors, trustees, officers, agents or employees from any and all actions, claims, damages, judgments, demands, rights, and causes of action of whatever kind or nature, arising out of all known and unknown, foreseen and unforeseen bodily and personal injuries or damage to property arising out of or related to my voluntary participation in Club Sports activities.

I recognize that this Release means I am giving up, among other things, rights to sue the State of North Carolina, UNC, WCU and their governing boards, officers, employees, and agents for injuries, damages, or losses I may incur. I also understand that this Release binds my heirs, executors, administrators, and assigns, as well as myself.

I have read this entire Release. I fully understand it and I agree to be legally bound by it.

________________________________________
Printed Name

________________________________________
Signature

Signature of Parent (if under 18 years of age)

________________________________________
Signature of Witnessing Team Officer

Date ______________________

Date ______________________

Date ______________________
Emergency Information Form

All information on this form must be complete and the assumption of risk form must be signed prior to participating/practicing with a Club Sport.

Club Sport: ______________________

Name: __________________________  92#: ______________________

Local Address: ____________________  Phone: ______________________

________________________________  Age: _________  Gender: _________

________________________________  E-mail: ______________________

Status: ___Student  ___Faculty  ___Staff

If you are a student, what is your classification?  
First-year  Sophomore  Junior
Senior  Grad Student

Emergency Contact Information:

Contact Name: ____________________  Relationship: __________________

Address: _________________________  Phone: ______________________

________________________________

Please Print Legibly