

WASHINGTON STATE UNIVERSITY- UNIVERSITY RECREATION
ASSUMPTION OF RISK AND RELEASE OF LIABILITY

PLEASE READ BEFORE SIGNING!

ASSUMPTION OF RISK AND RELEASE AND WARNING!

In consideration for being allowed to participate in the Sport Club Federation as a participant in the

_____ Club, and
in all activities of the above named club on or off the WSU campus, I voluntarily agree to assume all risks involved in participating in and traveling to and from any or all activities of the above named club. I understand that direct supervision by Washington State University staff may not be provided and by participating in any or all club activities, I expose myself to the risk of injuries including but not limited to temporary or permanent muscle soreness, sprains, strains, cuts, abrasions, bruises, ligament and/or cartilage damage, head, neck or spinal injuries, loss of use of arms and/or legs, eye damage, disfigurement, drowning or death. I also recognize that there are both foreseeable and unforeseeable risks of injury or death that may occur as a result of my participation in any or all activities of the above named club that cannot be specifically listed. Further, I recognize that the actions of other people either affiliated or not affiliated with WSU or the above named club may cause harm or loss to my person or property.

Release of Liability

I release the State of Washington, the Regents of Washington State University, Washington State University, the University Recreation Department, and the employees, agents or representatives of Washington State University (hereafter referred to as the UNIVERSITY GROUP) from any and all liability, claims, costs, expenses, injuries or losses including those resulting from acts of negligence by the UNIVERSITY GROUP that I may otherwise sustain as a result of my participation in any or all of the activities, including travel to and from activities in a private or public vehicle, of the above named club. I also release the UNIVERSITY GROUP from loss or damage to my person or property caused by other people either affiliated or not affiliated with WSU or the above named club.

If any part or portion of this Assumption of Risk and Release of Liability is determined to be invalid or unenforceable, the remaining parts or portions shall be enforceable.

I have carefully read this Assumption of Risk and Release of Liability and fully understand its contents. I am aware that this Assumption of Risk and Release of Liability is a contract between the UNIVERSITY GROUP and myself and I sign it of my own free will.

Signature: _____ Date: _____

THIS DOCUMENT WILL BE CONSIDERED EFFECTIVE FROM THIS DATE FORWARD.

Name (please print): _____

Signature of the Witness to the Signing of this Document: _____

Witness Name (please print) _____

NOTE: We strongly encourage you to consult with a physician before participating in any physical activity to determine any potential conditions that may adversely affect your participation. We encourage those with pre-existing conditions 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, either through university offered programs or through an outside agency that will cover injuries or illness that may occur due to participation in or use of any Sport Club Federation programs, services, facilities and equipment.

If you have any questions regarding the language or details of this document prior to signing, please contact Joanne Greene, at 509-335-6639, SRC Room 250, WSU.

