

APPENDIX F

**UNIVERSITY OF ROCHESTER
CLUB SPORTS PROGRAM**

STATEMENT OF RISK AND LIABILITY

Name _____ **Club** _____

UR/Student ID _____ **Date of Birth** _____ **Age** _____

Gender _____ **E-mail:** _____

Circle One: **FR** **SO** **JR** **SR** **Grad Student** **R Club** **Community Member**

School Address _____ **School Phone** _____

Permanent Address _____

In consideration for permitting me to participate as a member of the _____
Club, I represent, affirm and promise to the Club/group and the University of Rochester that:

1. I understand that participating in the Club/group activities involves substantial risks or other harm to me.
2. I am assuming all such risks knowingly and voluntarily, including but not limited to those risks associated with travel to and from Club/group activities and my own physical condition.
3. I will not hold the Club/group, the University and their employees and agents responsible for any injury or other harm to me that results from my participation in the club/group.
4. I am in good health and have no physical condition that would prevent me from participation in the Club/group.

Signature of Participant _____ **Date** _____

MUST BE COMPLETED IF PARTICIPANT IS UNDER 18 YEARS OF AGE:

Co-signed on behalf of the minor by:

Signature of Parent or Guardian _____ **Date** _____

Print Name of Parent or Guardian _____ **Date** _____