

Southern Illinois University Edwardsville
Department of Campus Recreation
Club Sports

**VISITING TEAM
ASSUMPTION OF RISK AND RELEASE**

We, the undersigned, desire to participate in the following Southern Illinois University Edwardsville Club Sport activity (“Activity”):

Activity _____

Date of Activity _____

Place of Activity _____

We recognize that there are risks and hazards directly or inherently involved in the Activity with the potential to cause serious injury, loss of limb or life, property damage, injury to others, and other hazards to us.

Our participation in the Activity is strictly voluntary and with knowledge of all risks involved in the Activity. We and each of us hereby voluntarily assume all risk of injury, regardless of severity, including loss of limb or life, damage, and/or loss to ourselves or our property which might arise as a result of our participation in the Activity. We and each of us agree to indemnify and hold harmless SIUE, its Board of Trustees, employees, officers and agents for any injury I sustain as a result of participation in the Activity. Furthermore, we and each of us hereby release SIUE, its Board of Trustees, employees, officers and agents from any liability whatsoever arising out of participation in the Activity, including but not limited to, any damage to property or the property of others and personal injury, including loss of limb or life, resulting from negligence of any one or more of us or the negligence of others, or to others through our participation in the Activity.

Each of the undersigned further represents that we do not have any medical impairment, disease, physical liability or injury, which would prevent our participation in the Activity and that we have medical insurance that covers participation in this Activity.

Each of the undersigned certifies that he or she is at least 18 years of age and competent to sign this assumption of risk and release of liability.

Name (Please Print)

Date

Signature