

**ACKNOWLEDGMENT OF RISK AND HOLD HARMLESS AGREEMENT
WWU SPORT CLUB TRYOUT FORM**

I hereby acknowledge that I have voluntarily chosen to use the facilities and participate in the activities of the Department of Campus Recreation, specifically related to the WWU Sport Club program and activities and in regards to tryouts for Sport Clubs,

and this team _____

on this date _____. From this point on "program" will be in reference to Sport Club related activities including but not limited to tryouts, competitions and practices.

I understand the risks involved in the WWU Sport Club program. I recognize that the programs and its activities involves risk of injury and I agree to accept any and all risks associated with it, including but not limited to property damage or loss, minor bodily injury, severe bodily injury, and death. Furthermore, I recognize that participation in the program involves activities and risks incidental thereto, including but not limited to, travel to and from competitions, practices, classes, limited availability of medical assistance and the possible reckless conduct of other participants. I am voluntarily participating in the program with the knowledge of the risks involved and hereby agree to accept any and all inherent risks of property damage, bodily injury, or death.

In consideration of my participation in the program and to the fullest extent permitted by law, I agree to indemnify, defend and hold harmless Western Washington University, its officers, directors, employees, agents, volunteers and assigns from and against all claims arising out of or resulting from my participation in the program. "Claim" as used in this agreement means any financial loss, claim, suit, action, damage, or expense, including but not limited to attorney's fees, attributable to bodily injury, sickness, disease or death, or injury to or destruction of tangible property including loss of use resulting therefrom. In addition, I hereby voluntarily hold harmless Western Washington University, its officers, directors, employees, agents, volunteers and assigns from any and all claims, both present and future, that may be made by me, my family, estate, heirs or assigns.

I hereby expressly agree to indemnify, defend, and hold harmless Western Washington University, its officers, directors, employees, agents, volunteers and assigns for any claim arising out of or incident to my participation in the program, unless claim is caused by the sole negligence or willful misconduct of Western Washington University.

I also understand that Western Washington University does not provide any medical or dental insurance or life insurance to cover bodily injury, illness or death, nor insurance for personal property damage or loss, nor insurance for liability arising out of my negligent acts or omissions; and I acknowledge that I am completely responsible for my own insurance to cover these expenses.

I further understand that this acknowledgment of risk and hold harmless is intended to be as broad and inclusive as permitted by the laws of the State of Washington and that if any portion hereof is held invalid, I agree that the balance shall, notwithstanding, continue in full legal force and effect.

I agree that this acknowledgment of risk and hold harmless is effective for as long as I participate in the program.

I agree as a student, voluntary member or voluntary guest of the Recreation Center to abide by all Campus Recreation policies, rules and regulations, as well as the Student Rights and Responsibility Code (WAC 516-23).

PLEASE PRINT

Participants Name: _____
Last First Middle Name

Participants Signature: _____ Date: _____

Email Address _____

IF THE PARTICIPANT IS UNDER THE AGE OF 18, THE SIGNATURE OF A PARENT OR GUARDIAN IS REQUIRED BELOW.

Parent Name: _____ Signature: _____ Date: _____

EMERGENCY CONTACT

Name: _____

Relationship (circle one): PARENT SPOUSE SIBLING FRIEND OTHER

Address: _____

Phone: _____

MEDICAL INSURANCE

Company: _____

Policy Number: _____

ALL WWU STUDENTS WHO TRYOUT FOR ANY WWU SPORT CLUB TEAM MUST HAVE THEIR OWN MEDICAL INSURANCE AND MUST ALSO SIGN THIS HOLD HARMLESS AGREEMENT