

**UNIVERSITY OF NORTH CAROLINA AT WILMINGTON (UNCW)
PARTICIPATION AGREEMENT FOR SPORT CLUB ACTIVITIES**

PLEASE READ CAREFULLY BEFORE SIGNING

I, _____, do hereby affirm and acknowledge that I have been fully informed of the inherent hazards and risks associated with _____ (name of club) Sport Club which include but are not limited to running, swimming, biking, walking, hiking, sailing, tumbling, throwing, catching, surfing, hitting, kicking, riding and driving. I fully understand that these risks can lead to personal injury, illness, paralysis, permanent disability, and death or damage or destruction to my property. Additionally, I understand that there are also risks associated with travel, including, but not limited to the possible injury or loss of life or property as a result of an accident, as well as travel to and from activity sights. Other risks associated with Sport Club activities include but are not limited to: stoppage of breathing, spine and neck injuries (either of which could result in paralysis), concussion, heart failure, broken legs, feet, ankles, toes or other bones, heat stroke, heat cramp, heat exhaustion, stroke, convulsion, unconsciousness, abrasions to limbs such as arms, legs and head, fainting, sudden illness, cramps, and loss of wind. With respect to water sports, there is also the risk of drowning.

I understand the nature of Sport Club participation and my experience and capabilities, and believe myself fully qualified and able to participate in the activity. I understand that I may inspect the premises, facilities and equipment to be used or with which I may come in contact. If I believe anything is unsafe, I will immediately refuse to participate further in the activity. I understand there is no penalty or forfeiture of any sort if I withdraw.

In consideration of being allowed to participate in the activity, as well as the use of any of the facilities and the use of the equipment of the below listed releases, I hereby agree as follows:

- (1) To release UNCW, its officers, directors, employees, representatives, agents and volunteers, from liability and responsibility, whatsoever, for any claim of action that I, my estate, heirs, executors or assigns may have for any personal injury, property damage or wrongful death arising from Sport Club participation whether caused by active or passive negligence of UNCW or otherwise with the exception of willful or gross negligence.
- (2) To take full and complete responsibility for any and all personal injury or property damage that I may cause to another participant and to release UNCW, its officers, directors, employees, representatives, agents and volunteers, from liability and responsibility for such injury or property damage.
- (3) By entering into this agreement, I am not relying on any oral or written representation or statements made by UNCW, other than what is set forth in this agreement. I further agree that this Agreement shall be governed by and interpreted in accordance with the laws of the State of North Carolina, United States of America.

With the activity having been fully explained to me and all of my questions answered to my satisfaction, I agree to participate in the Sport Club program, fully aware of the activities and risks that may be involved. I agree to follow all policies in the Sport Club manual and Code of Student Life. I also understand that this is a legal document which is binding on me, my heirs and assigns and on those who may claim by or through me. I am eighteen years of age or older, have full capacity to enter into this Agreement, and do so voluntarily.

I HAVE READ THIS AGREEMENT, I UNDERSTAND IT AND I AGREE TO BE BOUND BY IT.

Participant's Signature

Printed Name

Date

Witness Signature

Printed Name

Date

If participant is a minor (under 18 years of age), a parent or guardian must also sign this form.

Parent or Guardian's Signature

Printed Name

Date

UNCW Participant Information Form

Name of Participant: _____ Birth Date: _____

Home Address: _____ UNCW ID #: _____

City and State: _____

Zip Code: _____ Phone #: _____

UNCW Email: _____ Student / Faculty / Staff (circle one)

If Student. Class Rank: Freshman / Sophomore / Junior / Senior / Grad (circle one)

Expected Graduation Date: _____

In an Emergency, Notify: _____ Relationship: _____

Home Phone #: _____ Work Phone #: _____

Address: _____

City and State: _____ Zip Code: _____

I hereby confirm that I have no emotional or health problems incompatible with Sport Club participation. I understand that I need the approval of a physician if I am uncertain as to my physical fitness for the rigors of Sport Club participation. I understand that I may be required to seek approval from a physician if there is a health or safety question relative to my condition before being allowed to participate in Sport Club activities.

I understand that the availability of medical emergency assistance will be limited or non-existent while participating in Sport Club activities, and that successful treatment of injuries requires early and immediate treatment. I do hereby grant qualified UNCW staff permission to treat any injury that may occur including first aid, cardio-pulmonary resuscitation, emergency oxygen first aid, and transfer to a medical facility for treatment by a physician.

Condition(s) which a medical care provider should be aware of (allergies, etc):

I certify that the above information is correct to the best of my knowledge. I further understand that treatment for any medical problems I may suffer is my responsibility and will be paid for by me.

Participant's Signature

Printed Name

Date

If participant is a minor (under 18 years of age), a parent or guardian must also sign this form.

Parent or Guardian's Signature

Printed Name

Date