



# ETSU Campus Recreation

## Participant Information and Release Form

Please print legibly

Club:			Year in School:		
First Name:		Last Name:		E#	
Gender	M	F	Date of Birth	Do you have health insurance? Yes No	
Email Address			Cell Phone		Home Phone
Local Street Address			Permanent Street Address		
Local City, State, Zip			Permanent City, State, Zip		

PLEASE READ THIS ENTIRE DOCUMENT CAREFULLY BEFORE SIGNING. THIS RELEASES THE UNIVERSITY FROM ANY LIABILITY RESULTING FROM PARTICIPATION IN ANY ACTIVITY ASSOCIATED WITH THE CLUB NAMED ABOVE.

### Assumption of Risk and Release of Liability

The undersigned hereby acknowledges that he/she understands that participation in any Sport Club activities at East Tennessee State University is purely voluntary and is not a part of the academic curriculum of the university. In consideration of the university making any equipment and /or facilities available for the club activities, the undersigned hereby releases the State of Tennessee, East Tennessee State University, and their successors, assigns, Trustees, officers, agents, volunteers and employees from any and all claims, demands and causes of action whatsoever, in any way growing out of or resulting from the undersigned student's participation in the activities of the organization.

The undersigned further agrees that he/she understands that many of the activities of the club involve substantial risk and could lead to **bodily injury, illness, paralysis, permanent disability, death, property damage and other dangers associated with Sport Club participation.** Involvement in Sport Club activities could also result in **injury or death while traveling to and from Sports Club activities.** Other risks associated with Sport Club participation include but are not limited to: **respiratory failure, spine and neck injuries (either of which could result in paralysis), concussion, heart failure, broken bones, heat stroke, heat cramp, heat exhaustion, hypothermia, frostbite, stroke, convulsion, unconsciousness, abrasions, fainting, sudden illness, cramps, and shortness of breath.** With respect to water sports, there is also the **risk of drowning.**

It is expressly understood by the undersigned that he or she is solely responsible for any cost arising out of any bodily injury or property damage sustained through participation in normal or unusual activities of the Sport Club. The undersigned is encouraged to obtain adequate bodily injury, health, and/or property damage insurance coverage, and understands that **East Tennessee State University does not provide any insurance coverage; all injuries suffered during participation in a Sports Club activity are solely their own financial responsibility and not the responsibility of East Tennessee State University.**

If the undersigned is a minor (under the age of 18 years), then the signature of the spouse, parent or guardian appearing in the space indicated below signifies acceptance by said spouse, parent or guardian that the terms and conditions hereof shall be binding upon them and shall constitute a release by them of any and all claim, demands and causes of action whatsoever which they or any of them may have against East Tennessee State University, its successors, assigns, Trustees, officers, agents or employees as a result of the undersigned student's participation in the activities described.

**As a Sport Club participant, I understand that:**

1. Participants assume all risks involved with the sport club activities. \_\_\_\_\_
2. Sport Clubs are staffed by volunteer coaches who are not an officer, employee or agent of ETSU. \_\_\_\_\_

**I HAVE CAREFULLY READ AND UNDERSTAND COMPLETELY THE ABOVE PROVISIONS AND AGREE TO BE BOUND THEREBY:**

\_\_\_\_\_  
PARTICIPANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE  
IF UNDER 18 YRS OLD

\_\_\_\_\_  
DATE



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\*\*\*PLEASE PRINT LEGIBLY\*\*\*

### Who to Notify in Case of Emergency

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

### Insurance & Health Information:

Do you have health insurance? YES NO If yes, please complete:

Company \_\_\_\_\_ Policy # \_\_\_\_\_ Exp. Date \_\_\_\_\_

### **Circle One:**

1. Do you wear contact lenses? YES NO
2. If yes, do you wear them during competition? YES NO
3. Do you have any allergies, seasonal, food or otherwise? YES NO

If yes, please list: \_\_\_\_\_

4. Are you currently taking any prescription or non-prescription medication? YES NO

If yes, please list: \_\_\_\_\_

5. Are you taking any medications regularly? YES NO

If yes, please list: \_\_\_\_\_

6. Do you have any respiratory problems? YES NO Do you have asthma? YES NO

If yes, please list: \_\_\_\_\_ Do you use an inhaler? YES NO

7. Have you ever suffered a head injury? YES NO Have ever had a concussion? YES NO

If yes, when and was it severe enough to see a doctor? \_\_\_\_\_

8. Do you have any medical conditions, past surgeries, hospitalizations or history of injury that would be important in the event of an emergency or that may restrict your participation in sports? (Diabetes, high blood pressure, epilepsy, dislocated shoulder, knee, etc.) YES NO

If yes, please list: \_\_\_\_\_

Give approximate date of your last Tetanus shot: \_\_\_\_\_

\*\*\*If any of this information changes, please update with the Sport Club GA immediately\*\*\*