



SIUE Club Sports
Assumption of Risk Release and Photo Release

Club Team _____

Member Name _____ Email Address: _____

Age _____ Student I.D. Number _____ Class _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

☐ Undergraduate ☐ Graduate ☐ Faculty ☐ Staff ☐ Alumni

Emergency Contact Information

Name of Contact _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Phone _____

ASSUMPTION OF RISK AND RELEASE

I acknowledge that I am a student, faculty, staff or Fitness Center member at Southern Illinois University Edwardsville ("SIUE") and I desire to participate in the Club Sports Program as a member/participant in activities of the _____ Club Team.

I recognize that there are risks and hazards directly or inherently involved in the activities of the Club Sports Program with the potential to cause serious injury, loss of limb or life. I understand that participation in these activities may require me to travel in a personal vehicle or rented vehicle. With full knowledge of the facts and circumstances surrounding the activities, including travel, I voluntarily undertake the activities of the Club Sports Program and assume all responsibility and risk from my participation in these activities, including all risk of injury, loss of limb or life, property damage, injury to others, and other hazards to me.

I understand that my participation in the Club Sports Program, including any transportation, is not covered by any University insurance program. I assure officials of SIUE and the Department of Campus Recreation that I have adequate health insurance to provide for and pay any medical costs that may directly or indirectly result from my participation in the activities of the Club Sports Program and that I will indemnify and hold harmless SIUE, its Board of Trustees, employees, officers and agents for any injury I sustain as a result of my participation in the Club Sports Program.

I assure SIUE and the Department of Campus Recreation that I have no health-related problems which preclude or restrict my participation in the activities of the Club Sports Program.

My participation in the Club Sports Program is voluntary and I hereby release SIUE, its Board of Trustees, employees, officers and agents from any liability whatsoever arising out of my participation in the Club Sports Program, including but not limited to, any damage to my property or the property of others and injury to me or to others, including loss of limb or life, resulting from my negligence or the negligence of others, or to others through my participation in the Club Sports Program.

The Cougar Creed - As a member of the SIUE community, I pledge to uphold honorable and high standards. I commit to participating in a friendly and open academic community. While practicing personal and academic integrity, I will respect the dignity of all people and the rights and property of others. I will demonstrate concern for others and their need for conditions and support their work and development. I will strive to achieve academic and personal success and make a positive impact on

my campus and community. From this day forward, I will refrain from and discourage behaviors which threaten freedom and respect that every individual deserves.

Signature

Date

(IF PARTICIPANT IS UNDER THE AGE OF 18)

I am the Parent/Guardian of the above-named Participant who is under eighteen years of age and am fully competent to sign this Agreement.

I give permission for Participant to participate in the above-referenced Club Sports Program. I acknowledge that the nature of the activities may expose Participant to hazards or risks that may result in Participant's personal injury, loss of limb or life and I understand and appreciate the nature of such hazards and risks. I hereby release SIUE, its Board of Trustees, employees, officers and agents from any and all liability to Participant for any and all claims and causes of action for loss of or damage to Participant's property and for any and all injury to Participant, including his/her death, that may result from or occur during Participant's participation in the Club Sports Program activities, whether caused by negligence of SIUE, its Board of Trustees, employees, officers or agents, or otherwise.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR PARTICIPANT'S INJURY OR DEATH OR DAMAGE TO PARTICIPANT'S PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY OR TRIP AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY PARTICIPANT'S NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

Signature of Parent/Guardian

Signature of Witness

Address (if different than Participant's)

Date Signed

Date Signed

Photo Release

I hereby consent and grant permission to the Board of Trustees of Southern Illinois University Governing Southern Illinois University Edwardsville, its employees, and representatives (collectively SIUE) to take and use photographs, videotapes, digital images, or otherwise recorded images of me and to publish such images or depictions for promotional, marketing, or educational purposes in any form, including, but not limited to print, electronic, video, or Internet. I also hereby consent and grant permission to SIUE to edit, crop, retouch, or otherwise alter such images or depictions, I waive any privilege to inspect such images or depictions prior to publication, and I authorize the use of these images indefinitely without compensation to me. All negatives, positives, prints, digital reproductions and videotape shall be the property of SIUE.

The foregoing is submitted in consideration of SIUE, the Department of Campus Recreation and the Club Sports Program allowing my participation in the Club Sports Program. I execute this document with full knowledge of the contents and consequences stated in this Release.

PARTICIPANT

WITNESS

(Name)

(Name)

(Signature)

(Signature)

(Date)

(Date)