

Wittenberg University Club Sport & Recreation Affirmation and Liability Release

I, _____, hereby affirm that I have been well advised and thoroughly informed of the inherent danger of participating in _____. By signing this release, I acknowledge that I am cognizant of the basic risk and danger of this activity and that it is my intention to voluntarily assume such risk and danger.

In consideration of participating in this activity, I hereby release the Board of Directors of Wittenberg College, operating Wittenberg University, Springfield, Ohio, and its agents and employees, from any liability arising from and occurrence in connection with this activity which results in injury, death or other damage to me or my family, heirs or assigns, *even if the parties being released were negligent or grossly negligent and caused or partially caused the injury, death or damage.* I also hereby personally assume all risks in connection with this activity, for any harm, injury, or damage which may befall me while I am enrolled as student and participation in the activity, including all risks connected herewith, whether foreseen or unforeseen and regardless of cause. Further, I agree to save and hold harmless the Board of Directors of Wittenberg College, operating Wittenberg University, and its agents and employees from claim by me or my family, estate, heirs or assigns, which arises out of my enrollment and participation in this activity.

In addition, I understand that _____ will provide its own training, conditioning program, medical care, officiating and equipment and the University shall have no responsibility to the _____ or any of its members with respect to these matters.

I am eighteen years of age or older and legally competent to sign this Affirmation and Release, or in the event that I have not attained the age of eighteen, I have acquired and attached written consent of my parents or legal guardians. I understand that the terms stated in this Release are contractual and are not merely recitals; I have signed this document of my own free act.

I HAVE FULLY INFORMED MYSELF CONCERNING THE RISKS AND DANGERS INHERENT IN THE FOREGOING ACTIVITY AND WITH THE CONTENTS OF THIS AFFIRMATION AND RELEASE BEFORE SIGNING IT.

Activity: _____ Date: _____

Participant's Name: _____ Age/DOB: _____

Participant's Home Address: _____

Emergency Contact Information (Name, Cell phone, relation):

Participants Signature: _____ Anticipated graduation year: _____

Insurance Information:
Health Insurance Provider: _____

Insurance Group & Policy Numbers: _____

OR

I verify that I have my own insurance and understand that my insurance will be completely responsible to cover any medical costs that result from participation in this activity. _____(initial)