

For Athletic Clubs or any other club at risk of injury

**ECKERD COLLEGE
RELEASE AND WAIVER OF LIABILITY/INFORMED CONSENT**

Name of Participant _____ Age _____ Gender: Male _____ Female _____

Status: Student _____ Faculty _____ Staff _____ Alumni _____ Other _____ SS# _____

Program _____ School Year: 20____-20____
(Indicate name of Club) (School year)

Local Address: _____ Phone # _____

_____ Email _____

RELEASE AND WAIVER OF LIABILITY/ INFORMED CONSENT STATEMENT

I hereby agree that in consideration of Eckerd College allowing me to participate in the above named program, I do for myself and my heirs, executors, administrators, and assigns hereby release, waive, and forever discharge Eckerd College, its Board of Trustees and its officers, agents and employees (hereinafter referred to as Releases) from any and all liability, claims, demands, actions, of causes of actions arising out of or related to any injury or illness, including death, that may be sustained by me, or to any loss or damage to my property, whether caused by the negligence of Releases, of otherwise, while participation in this program and any activities incidental to participation in this program.

I hereby agree to indemnify and hold harmless the Releases against all liability for any personal injury or illness. Loss or damage to property, or costs, including court costs and attorneys' fees, that may result from or arise out of my participation in this program.

I acknowledge that I have received and read that Statement of Program Risks, Hazards and Physical Stresses, and that I understand the inherent risks associated with participation in this program and the possible injuries that can be sustained by participants. I knowingly and voluntarily assume these risks and full responsibility for any personal injury or illness, including death, that may be sustained by me, or damage to property owned by me, as a result of or in any way arising out of, my participation in this program, of in travel to and from this program.

I understand that the decision to have a coach is left to the discretion of each club, and that the Department of Campus Activities is not responsible for the selection, training, supervision, or compensation of coaches. Furthermore, I understand that travel to club events is generally by college owned, privately leased, or personally owned vehicles that are driven by coaches and/or club members, and that the costs for travel are assumed by club members and/or the club.

I acknowledge that I have been informed of the rules and regulations promoting safe participation in these programs, and I agree to abide by these rules and regulations to minimize the risk of injury to myself and others.

I understand that participants are not covered under an institutional accident/medical insurance policy owned by Eckerd College, and I acknowledge that I am solely responsible for medical or other costs arising out of any bodily injury, illness of property damage or loss sustained by me through my voluntary participation in this program. Furthermore, I understand that I am required to have accident/ medical insurance (Coverage may be through a personal policy or a parent's policy.) to be eligible to participate, and I hereby certify that I am covered by a 24-hour policy (as listed below) that will be in effect throughout the period of participation.

Insurance Company _____

Insurance Policy Holder _____

Policy Number _____

Please Note: Eckerd College recommends that each participant in activities programs consult with his/her physician with respect to any past or present illness, injury, or any other mental or physical condition that may affect his/her ability to safely participate in the above named program.

Signature of Parent/Guardian
(if participant is under 18)

Signature of Participant

Date

Each club member must fill out his/her own individual insurance form