



Club Sports Informed Consent Form

CONNECTICUT
COLLEGE

Last Name: _____ First Name: _____

Connecticut College ID: _____ Email Address: _____

Local/Cell Number: _____

Emergency Contact's Name and Phone Number: _____

Club Sport: _____

WARNING: Since participation in the Club Sports Program at Connecticut College is completely voluntary, and in consideration for being permitted to participate in the Program, I assume all risk and accept responsibility for any and all injuries that may be incurred while participating in the Program. This includes injuries that might be incurred in travel to and from the club's scheduled games or practices. I am aware that participation in Club Sports involves a risk of serious injuries due to contact with other individuals playing in the game or contact with the floor, walls, goals, posts or equipment which are part of the playing area. I agree and acknowledge that I am responsible for all losses, liabilities and expenses, which may be incurred or sustained as a result of my participation in the Program not covered by my insurance policy. Connecticut College requires all students to have health insurance. As a Club Sports team member medical expenses from injuries during participation are covered by my private insurance plan or the Connecticut College insurance plan. It is also recommended that I obtain a medical release from my family physician if my present health is questionable. All participants are responsible for medical expenses not covered by insurance and must remember to bring their insurance card to games.

CLUB SPORTS RELEASE: In consideration of being permitted to participate in the Club Sports Program, I, the undersigned, hereby for myself, my heirs, Executors and administrators waive, release and forever discharge any and all rights and claims for damages which I may have or may hereafter accrue to me against Connecticut College, its trustees, officers, employees, faculty, students and its agents for any and all injuries suffered by me through my participation in said Program. Further, I hereby indemnify, defend and save harmless Connecticut College, its trustees, officers, employees, faculty, students and its agents from any liability, damage, expense, causes of actions, suits, claims, third party claims, or judgments arising out of, or related to my intentional, negligent or other acts or omissions, during or related to my participation in the Program.

- I have read the above **WARNING** and **RELEASE** and understand the contents. I understand that there are risks of injury involved in participating in any club sport and I voluntarily assume such risk.
- I attest that I am physically fit to participate in club sport activities.
- I attest that I am 18 years old or older.
- I have followed the Connecticut College policy regarding required insurance.

Signature

Date

Parent/guardian signature if student is under 18

Date

