

Visiting Team St. Olaf College Club Sports Waiver for Participation

Assumption of Risk and Liability

I hereby state that in consideration of being allowed to practice or compete against a recognized club sport at St. Olaf, I voluntarily assume any and all risks of accident or damage related to my participation in that sport. I understand that supervision by St. Olaf College staff is not provided and by participating in the below named sport practice or competition, I am exposing myself to the risk of injury or even death. I also state that I am medically fit to participate. Furthermore, I for myself, my heirs, my executors, my administrators and assignees, do hereby voluntarily assume all risks of accident or damage to the person or property of the individual(s) participating in said activities and do hereby release and discharge St. Olaf College, and its agents, from every claim, liability or demand of any kind however caused for or on account of the personal injury or damage of any kind sustained by said individual(s) while participating in said activities. I further promise to forever save harmless St. Olaf College or its agents from every claim, liability or demand of any kind, for or on account of the personal injury or damage of any kind sustained by said individual(s); if enrolled in said activities. I understand that as an individual participating with a visiting club team, I am responsible for adhering to all St. Olaf College policies while both on and off campus. I have carefully read this Waiver for Participation, and fully understand its contents. I am aware that this agreement is between myself and St. Olaf College and sign it of my own free will.

NOTE: You are strongly encouraged to consult with a physician before participating in any physical activity to determine any potential conditions that may adversely affect your participation. We also encourage those with pre-existing conditions to wear a medical alert bracelet or necktag indicated the appropriate medical information. We strongly recommend that all participants have a medical insurance policy that will cover injuries or illness that may occur due to participation in club sport activities.

I have read and understand this agreement. I certify that I am at least 18 years old. I understand that my participation in this event is voluntary and I verify that my signing of this agreement was freely and voluntarily given with the full understanding that I am giving up rights I may have to legal recourse and assuming personal responsibility that I may not otherwise have in return for permission to participate.

Visiting Team: _____

Sport: _____

	Name (Printed)	Signature	Date
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			