2009-2010 CLUB SPORTS
ASSUMPTION OF RISK AND RELEASE

I recognize that participation in any sporting activity carries with it certain inherent risks of injury. The risks vary by activity and may include, but are not limited to: **minor cuts, abrasions or sprains; to serious injuries such as dental injury, eye injury or loss of sight, fractures, spinal injuries (including paralysis), head injury or concussion and catastrophic injury such as heart failure or even death.**

I certify that I am unaware of any condition that would make my participation in club sports inadvisable.

I agree to abide by all rules of the sport and to provide my own protective equipment.

I acknowledge my responsibility to maintain health insurance coverage sufficient to provide for all medical or dental services to treat any injury related to my participation in club sports.

I knowingly and voluntarily assume the risk of injury, regardless of severity, which may occur as a result of participation in club sports. I hereby release The Administrators of the Tulane Educational Fund, Tulane University Club Sports and their respective officers, employees, agents, volunteers and governing boards from any and all liability, claims, expenses, injury or loss resulting from my participation in club sports.

I acknowledge I have read and understand this Assumption of Risk and Release. I certify I am at least eighteen years of age. If I am under the age of eighteen years, my parent or legal guardian shall also execute this Assumption of Risk and Release.

Club Sport:_____

Print Name: _____ Signature: _____ Date: _____
First Last

If under 18:

Guardian Name: _____ Signature: _____ Date: _____
First Last

Participant Information:

Classification (circle one): FR SO JR SR GR Faculty/Staff Alum Non-Affiliate Coach/ Instructor

Tulane Student ID / SSN #: _____ Date of Birth:_____

Local Address: _____
Street City State Zip

Local Phone #: _____ Cell Phone #: _____ E-mail:_____

Permanent Address: _____
Street City State Zip

Notify in case of Emergency: (This section MUST be completed!)

Name:_____ Relationship to Participant: _____
First Last

Phone: _____ Address: _____
Street City State Zip