

Sport Club Waiver and Release of All Claims



Please read this form carefully and be aware in registering yourself in this program, you will be waiving and releasing all claims for injuries you might sustain arising out of this program.

Sport Club: _____

Participants Name: _____

Student ID Number: _____

Local Address: _____

Phone Number: _____

As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages or loss which I may sustain as a result of participating in any and all activities connected with or associated with such program.

I further agree to indemnify and hold harmless and defend Western Illinois University, Board of Trustee of Western Illinois University and its officers, agents, servants and employees from any and all claims resulting from injuries (including death), damages and losses sustained by me or arising out of, connected with, or in any way associated with the activities of this program.

I have read and fully understand the above Waiver and Release of All Claims

Signature of Participant: _____ Date: _____

Non Hazing Release

Western Illinois University is an institution which expects high academic achievement and responsible behavior from its students. The University has forbidden in its Student Conduct Code and unconditionally opposes any situation intentionally created to produce mental or physical discomfort, embarrassments, harassment or ridicule. Every student should be free from the humiliation and danger of hazing on this campus. Any violation of this guarantee should be reported immediately to one or more of the following offices: Office of Campus Recreation, Office of Student Activities, or Office of Judicial Affairs.

As a Club member, I acknowledge my awareness of the position of the University and my Club regarding hazing, and pledge that I will not engage in hazing and I will work to eliminate All forms of hazing practices discovered within my organization. I further acknowledge my responsibility to uphold all other rules and regulations of the University.

Club Member's Name (please print): _____

Club Member's Signature: _____

Date: _____

Club President's Signature: _____	Date: _____
Club Advisor Signature: _____	Date: _____