



## SPORT CLUB Member Agreement Form

Sport Club: _____	Participant: _____		
DOB: _____	Age: _____	ID #: _____	Class: _____
Local Address: _____			
Local Phone: _____			
Emergency Contact: _____		Phone: _____	

I, \_\_\_\_\_, desire to voluntarily participate in the LSU University Recreation \_\_\_\_\_ Sport Club Program.

I understand that:

- Coaching instruction is normally handled by non-paid personnel;
- Often these coaches are sport club members;
- It is strongly recommended that before participating in any Sport Club activity that a physical examination by a medical doctor and/or a consultation with a health care provider be done to determine that I am physically and mentally fit and able to participate in strenuous activities.**
- Club participants have access to the student health center ONLY if they are students;
- Club participants are not covered under the Department of University Recreation or the University's health insurance policies;
- Surgeries and other medical complications resulting from sport club participation will not be covered by the Student Health Center and will be the individuals personal financial responsibility; and
- Club participants will be required to travel to events in privately owned and operated vehicles.

I understand and agree that there is a risk of serious injury to me while utilizing University Recreation facilities, equipment, and programs and recognize every activity has a certain degree of risk, some more than others. By participating, I knowingly and voluntarily assume any and all risk of injuries, regardless of severity, which from time to time may occur as a result of my participation in athletic and other activities through LSU University Recreation.

I hereby certify I have adequate health insurance to cover any injury or damages that I may suffer while participating, or alternatively, agree to bear all costs associated with any such injury or damage myself.

I further certify that I am in good health and have no mental or physical condition or symptoms that could interfere with my safety or the safety of others while participating in any activity using any equipment or facilities of LSU University Recreation. I understand and agree that I alone am responsible to determine whether I am physically and mentally fit to participate, perform, or utilize the activities, programs, equipment or facilities available at Louisiana State University, and that I am not relying on any advice from LSU University Recreation in this regard. To the extent I have any questions or need any information about my physical or mental condition or limitations, I agree to seek professional advice from a qualified physician.

Further, I hereby RELEASE AND HOLD HARMLESS, the State of Louisiana, the Board of Supervisors of Louisiana State University and Agricultural & Mechanical College, and its respective members, officers, employees, student workers, student interns, volunteers, agents, representatives, institutions, and/or departments from any and all liability, claims, damages, costs, expenses, personal injuries, illnesses, death or loss of personal property resulting, in whole or in part, from my participation in, or use of, any facility, equipment, and/or programs of Louisiana State University. In case of an emergency, this consent also authorizes the release of this form and all medical and accident report forms to emergency personal, doctors, hospitals, insurance companies, my employers, other person or entities deemed appropriate by Louisiana State University.

**I HAVE READ THIS AGREEMENT AND UNDERSTAND ALL ITS TERMS.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature, Participant

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Witness

Revised 1/9/2008