

**DREXEL UNIVERSITY**  
**ASSUMPTION OF RISK AND RELEASE OF LIABILITY FORM**

Name (Please Print): \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female  
School or Program: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Phone #: \_\_\_\_\_ Mobile Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
Academic Status: FR \_\_\_\_\_ SO \_\_\_\_\_ PreJR \_\_\_\_\_ JR \_\_\_\_\_ SR \_\_\_\_\_ GRAD \_\_\_\_\_  
Complete Mailing Address: \_\_\_\_\_  
EMERGENCY CONTACT: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Mobile Phone #: \_\_\_\_\_

I intend to participate in the following athletic activities or programs during the 20\_\_ - 20\_\_ academic year (please initial all that are applicable):  
Club Sports Program \_\_\_\_\_ Intramural Sports Program \_\_\_\_\_ Group Exercise Program \_\_\_\_\_  
Name of Club: \_\_\_\_\_ Name of Sport: \_\_\_\_\_ Name of Group: \_\_\_\_\_

Please Read Carefully Before Signing

ASSUMPTION OF RISK:

I voluntarily agree to assume all risks involved in participating in the program(s) that I have indicated above (the "Program") at Drexel University ("Drexel"), including risks that may be associated with any travel in connection with my participation in the Program. I understand that some individuals who serve as officials, coaches, and instructors may not be affiliated with Drexel, and that some provide their services on a volunteer basis, and that some are paid by the individual sport club. I understand that Program participants do not have access to varsity athletic training services. I understand that participation in the Program exposes me to risk of injuries including but not limited to temporary or permanent muscle soreness, tendonitis, sprains, strains, cuts, abrasions, bruises, ligament and/or cartilage damage, head, neck or spinal injuries, loss of arms and/or legs, eye damage, disfigurement or even death. I also recognize that there are both foreseeable and unforeseeable risks of injury or death that may occur as a result of my participation in the Program that cannot be specifically listed. I acknowledge that I am responsible for making sure that my health is adequate to participate in the strenuous, vigorous physical activity involved in the Program. It is my responsibility to check with a physician of my choice about my health status if I have any questions regarding my fitness for participation. I understand that if, at any time during my participation, I experience any distress or have any questions regarding my participation, I should consult my physician.

INSURANCE:

Drexel does not carry insurance to cover any medical expenses for participants in recreational athletic activities, including the Programs listed above. Each participant in the Program must provide their own health insurance coverage and it is each participant's responsibility to verify that their insurance policy covers all injuries or illness that may occur due to participation in all aspects of the Program, including travel, practice, and games. If any participant has any questions, they should contact Drexel's Student Health Center.

RELEASE OF LIABILITY:

In consideration for Drexel providing me the opportunity to participate in the Program and providing some administrative support at Drexel University's facilities, I voluntarily remise, release and forever discharge Drexel, its successors, assigns, trustees, officers, students, employees and agents from any and all personal injuries, damages, losses, claims, causes of action, or lawsuits of any kind whatsoever suffered by me as a result of my participation in the Program.

By signing below, I am also consenting to first-aid, emergency medical care and, if necessary, admission to an accredited hospital or an emergency care center if necessary for the provision of such care, for treatment of injuries that I may sustain while participating in the Program.

By signing this release, I hereby certify that I have read and fully understand the conditions herein provided.

Signature \_\_\_\_\_

DATE

Parent/Guardian Signature \_\_\_\_\_

(If you are 17 years of age or younger, this is required)

DATE

PLEASE INITIAL:

\_\_\_\_\_ I am aware that the Sport Club Program Policy Manual is available to all participants on the Athletic Depart Website.