

**Participation Statement
and Informed Consent**

Participant Name – Please PRINT

Sport Club Name

I affirm, as a current member of the named sport club, that I have no medical, physical, or mental health conditions which would hinder or prevent my active participation in the referenced activity, and that I am voluntarily participating as a member of the aforementioned club.

I understand that there exist certain injuries associated with participation in the above listed club, which may include but not be limited to broken bones, muscle injuries, heat exhaustion and other similar or related injuries, including death. I accept the risk for any and all injuries resulting from my participation, including those injuries that might happen or occur en route to and from my activity, as well as during the entire participation period of such activity.

Because of the potential dangers of participating, I recognize the importance of wearing appropriate protective equipment, following the supervisors' instructions, and adhering to all rules set forth by the Sport Club Executive Council, the Sport Club Program, the Department of Campus Recreation, and Florida State University.

In consideration of my participation, I hereby release, hold harmless, and discharge forever Florida State University, the FSU Board of Governors, the Sport Club Executive Council, the Sport Club Program, the Department of Campus Recreation, and the officers, directors, employees, agents, representatives, successors and assignors of each of the foregoing entities from any and all present and future claims, liability, and demands for property damage or costs or expenses arising as a result of, or in connection, with my participation in the club. I specifically waive any and all claims arising from any injuries I might sustain and give up my right to file any lawsuits involving any personal injury that I may sustain through my participation or attendance. I further authorize medical treatment for myself, at my cost, if the need arises. The University does not provide insurance coverage for sport club participants.

I understand and agree to adhere to Florida State University, Campus Recreation, Sport Club Program, and Sport Club Executive Council policies and procedures, and will represent the aforementioned club and the University accordingly.

I have carefully read and understand this document and affirm that I am freely signing this agreement relying on my own judgment and knowledge.

Participant Name – Please PRINT

Participant Signature

FSUCard Number (Last Eight Digits Only)

Signature Date

FSUID (abco8d)

Emergency Contact Name

Birthdate

Emergency Contact Phone Number

If a sport club member is under the age of 18, his/her parent or guardian must sign below consenting participation based on the aforementioned statements of responsibility.

Parent / Guardian Name

Parent / Guardian Signature

Parent / Guardian Phone Number