FSU. Campus Recreation
SPORT CLUBS

Visiting Team
Informed Consent Form

_____
University / College Name

_____
Sport Club, Team or Organization Name

I affirm, as a current member of the named organization, 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 organization.

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 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 Trustees, the Department of Campus Recreation, the Sport Club Program, 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 organization.

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	*Emergency Contact*	*Contact Phone*	*Signature & Date*