

## UNIVERSITY OF MIAMI CLUB SPORTS

## **Group Waiver**

## Participation and Release/Indemnity Agreement

I hereby apply for permission to participate in the activities within the Club Sports program, which is a registered student organization with the University of Miami.

In consideration for the benefits to be derived from my participation in a Club Sport, I hereby acknowledge the following: (1) I am aware that all Club Sports involve risk, and that some are violent contact sports; (2) I am aware that playing or practicing in any Club Sport will be a dangerous activity involving MANY RISKS OF INJURY; and (3) I understand that the dangers and risks of playing or practicing club sports include, but are not limited to death, serious neck and spinal injuries, which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system and serious injury or impairment to other aspects of my body, general health, and well- being. I further understand and acknowledge that the dangers and risks of playing or practicing within club sports may result not only in injury, but serious impairment of my future abilities to earn a living, to engage in other business, social, and recreational activities, and generally to enjoy life.

I further acknowledge that I am in good physical condition and do not know of any condition or reason that I should not participate in club sports.

I RECOGNIZE AND ACKNOWLEDGE THAT THE UNIVERSITY OF MIAMI AND THE DEPARTMENT OF WELLNESS AND RECREATION DO NOT CARRY ANY TYPE OF ACCIDENT OR HEALTH INSURANCE POLICY ON THE PARTICIPANTS IN CLUB SPORT ACTIVITIES. I ALSO REALIZE THAT SPORTS INJURIES CAN BE CATASTROPHIC FOR THOSE WITHOUT PROPER MEDICAL COVERAGE.

On behalf of myself, my family, heirs and personal representatives, I hereby release the University, its trustees, officers, employees, and agents from any liability for injuries sustained by me as a result of my participation in the activities of the above named organization.

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Date	Participant's Name	C#	Signature	I am 18 years or older (Please Initial)