

## CLUB SPORT AGREEMENT TO PARTICIPATE

\_\_\_\_\_  
Name of Sport

I, the below signed, am aware that playing or practicing any athletic activity can be a dangerous activity involving MANY RISKS OF INJURY. I understand that the dangers and risks of playing or practicing in the above sport include -- but are not limited to -- death, serious neck and spinal injuries (which may result in complete or partial paralysis or brain damage), serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular-skeletal system, and serious injury or impairment to other organs or aspects of my body and my general health and well-being.

To the best of my knowledge, I am in good health and suffer no disability or condition which renders my participation in the sport or other athletic activity medically inadvisable, or otherwise limits my ability to participate in such sport or athletic activity without restriction.

I hereby authorize the coach (or other appropriate UVM personnel) to obtain on my behalf first aid, emergency medical care, or, if necessary, admission to an accredited hospital, when such care is necessary for the treatment of any injuries that I may sustain while participating in any activity associated with UVM club sports, including practices, games, and travel. I also hereby consent to the administration of emergency medical treatment in the event that I am unable subsequent to such injury to give such consent as otherwise necessary. **I agree to be responsible for all medical charges incurred by any hospitalization or treatment rendered pursuant to this authorization.**

In consideration for my participation in the sport and all activities related to the sport, including -- but not limited to -- practicing, competing, and traveling, I hereby voluntarily assume all risks associated with participation and agree to hold harmless UVM, its agents, officers, and employees, including -- but not limited to -- the athletic staff of UVM from any liability, claims, causes of action or demands of any kind and nature whatsoever which may arise by or in connection with my participation and any activities related to UVM club sports, except in the event of gross negligence.

The terms of this Agreement shall serve as a release and assumption of risk for my heirs, estate, executor, administrators, assignees, and all members of my family.

\_\_\_\_\_  
Health Insurance Carrier Policy No.

\_\_\_\_\_  
PRINT Name of Participant Date of Birth

\_\_\_\_\_  
Signature Date

If under the age of 18:

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