



Club Sport Participation Waiver Form

Center for Student Involvement
Spring Hill College
Student Center Room 231
251.380.3027 (phone)
251.460.2112 (fax)
csi@shc.edu

Prior to engaging in any practice, competition or Club Sport related physical activity, all members must submit a completed and signed Club Sport Participation Waiver to the Center.

Student Information

Full Name: _____

Student ID : _____ Email: _____

Waiver Statement

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I, _____, hereby acknowledge and agree to my voluntary affiliation with the Club Sport of _____ ("Sport") at Spring Hill College, including but not necessarily limited to practice, play, and possible travel to and from off-campus locations, and participation in related Sport work/exercises/activities ("Participation"). I acknowledge and agree that my Participation in Sport subjects me to the possibility physical illness or injury (minimal, serious, catastrophic and/or death) and/or possible property damage/loss, and I acknowledge that I am assuming the risk of illness or injury (minimal, serious, catastrophic and/or death) and/or property damage/loss by Participation in said Sport. In event of such illness or injury (minimal, serious, catastrophic and/or death), I further acknowledge and understand that I will be responsible for any and all medical bills that may be incurred for any illness or injury (minimal, serious, catastrophic and/or death) that may occur from my Participation in said Sport. I hereby for myself, my heirs and assigns, administrator or executor, and/or personal representative, waive, discharge, forever release and hold harmless Spring Hill College and its officers, directors, employees, agents, servants, representatives, licensees, contractors, successors, assigns, and fellow students ("Spring Hill") from any and all liability for negligence or any other claim, judgment, loss liability (including, but not limited to, property damage or loss), cost and/or expenses (including, but not limited to, attorney's fees and costs) arising out of or connected with (including but not limited to property damage or loss and/or physical injury or illness (minimal, serious, catastrophic and/or death)) my Participation in said Sport. I further agree to reimburse and to make good to Spring Hill any loss, damages, or costs Spring Hill may have to pay as a result of any such action, claim, or demand.

Signatures

Submission Instructions: This form should be submitted by email to the Center for Student Involvement at csi@shc.edu. To submit, please save the completed and signed form and send as an email attachment to the above address. Paper forms or forms that are incomplete will not be accepted.

Certification: I have read and understand the foregoing waiver. I am aware that this waiver releases Spring Hill College and contains an acknowledgement of my voluntary and knowing assumption of the risk of property damage or loss and/or injury or illness (minimal, serious, catastrophic and/or death). I have signed this document voluntarily and of my own free will

Signature: This form must be signed and submitted by the participant listed above..

Participant's Signature: _____