

WASHINGTON STATE UNIVERSITY- UNIVERSITY RECREATION
ASSUMPTION OF RISK AND RELEASE OF LIABILITY

PLEASE READ BEFORE SIGNING!

Assumption of Risk and WARNING!

In consideration for being allowed to participate as a **VISITING PARTICIPANT** in the WSU Sport Club Federation event;

_____, and in any activities associated with the event, **I voluntarily agree to assume all risks involved in participation.** I understand that direct supervision by Washington State University staff may not be provided and by participating in any or all WSU Sport Club Federation activities, **I expose myself to the risk of injuries including but not limited to temporary or permanent muscle soreness, sprains, strains, cuts, abrasions, bruises, ligament and/or cartilage damage, head, neck or spinal injuries, loss of use of arms and/or legs, eye damage, disfigurement, drowning or death.** I also recognize that there are both foreseeable and unforeseeable risks of injury or death that may occur as a result of my participation in any or all WSU Sport Club Federation activities that cannot be specifically listed. Further, I recognize that the actions of other people either affiliated or not affiliated with WSU or the above listed event may cause harm or loss to my person or property.

Release of Liability

I release the State of Washington, the Regents of Washington State University, Washington State University, the University Recreation Department, and the employees, agents or representatives of Washington State University (hereafter referred to as the **UNIVERSITY GROUP**) from any and all liability, claims, costs, expenses, injuries or losses including those resulting from acts of negligence by the **UNIVERSITY GROUP** that I may otherwise sustain as a result of my participation in any or all of the activities of the above listed event. I also release the **UNIVERSITY GROUP** from loss or damage to my person or property caused by other people either affiliated or not affiliated with WSU or the above listed event.

If any part or portion of this Assumption of Risk and Release of Liability is determined to be invalid or unenforceable, the remaining parts or portions shall be enforceable.

I have carefully read this Assumption of Risk and Release of Liability and fully understand its contents. I am aware that this Assumption of Risk and Release of Liability is a contract between the **UNIVERSITY GROUP** and myself and I sign it of my own free will.

Signature: _____ Date: _____

THIS DOCUMENT WILL BE CONSIDERED EFFECTIVE FROM THIS DATE FORWARD.

Name(please print): _____

Visiting School/Club _____

NOTE: We strongly encourage you to consult with a physician before participating in any physical activity to determine any potential conditions that may adversely affect your participation. We encourage those with pre-existing conditions to wear a medical alert bracelet or neck tag indicating the appropriate medical information. We strongly recommend that all participants have a medical insurance policy, either through university offered programs or through an outside agency that will cover injuries or illness that may occur due to participation in or use of any Sport Club Federation programs, services, facilities and equipment.

If you have any questions regarding the language or details of this document prior to signing, please contact Joanne Greene, at 509-335-6639, SRC Room 250, WSU.