



Participation Statement and Informed Consent

CLUB \_\_\_\_\_ Print Name \_\_\_\_\_

I \_\_\_\_\_ affirm, as a current member of the Florida State University \_\_\_\_\_ Club, 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 club. Further I accept the risk for any and all injuries resulting from my participation, and including that which might happen or occur en route to and from my activity, as well as during the entire participation period of such activity.

I understand that there exist certain injuries associated with participation in the above listed club, which may include but not be limited to heat exhaustion and various physical injuries. Because of the potential dangers of participating, I recognize the importance of wearing gloves and following the supervisors' instructions and adhering to all rules set forth by 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 Department of Campus Recreation and its employees, instructors, operators and agents, 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 club.

I understand and agree to adhere to FSU policies and procedures, and will represent that club and Campus Recreation accordingly. I have carefully read this document and affirm that I am freely signing this agreement relying on my own judgment and knowledge.

I have read and understand the above statements.

PRINTED NAME: \_\_\_\_\_ CLASS (Fr, Jr, etc) \_\_\_\_\_

FSU CARD # (last 8 digits) \_\_\_\_\_ Phone # \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ E-mail Address \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

EMERGENCY CONTACT NAME & PHONE #: \_\_\_\_\_

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If a sports club member is under the age of 18, his/her parent or guardian must sign below consenting participation based on the aforementioned statements of responsibility.

PARENT/GUARDIAN PRINTED NAME: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

PARENT/GUARDIAN PHONE NUMBER: \_\_\_\_\_ DATE \_\_\_\_\_

SPORT CLUB COORDINATOR APPROVAL SIGNATURE: \_\_\_\_\_