Appendix O
Villanova Club Sports
Waiver and Assumption of Risk

In return for being permitted to participate in ________________ a voluntary activity and special event undertaken by Villanova University Athletics Department, for a term starting in the Fall semester of 2018 and ending at the commencement of the Fall semester 2019 (including all winter, spring, and summer breaks during this time period), and understanding that there are certain risks both in connection with such activity and in traveling to and from such activity, (together “the Activity”) intending to be legally bound hereby, I the UNDERSIGNED, for myself, my assigns, and legal representatives hereby agree to:

1. RELEASE, WAIVE, DISCHARGE AND AGREE NOT TO SUE, Villanova University, its successors, assigns, affiliates, officers, directors, employees and agents from all manner of actions and causes of action, suits, debts, judgments, claims and demands whatsoever in law or equity, including all claims for personal injury arising in any way out of my participation in the Activity.

2. ASSUME ANY AND ALL RISKS arising from my participation in the Activity, including, without limitation, the risks of death, bodily injury or property damage, the unavailability of emergency medical care or the negligent or deliberate act of another person.

3. INDEMNIFY, DEFEND AND HOLD VILLANOVA UNIVERSITY and its officers and employees and agents harmless from, any and all claims, cause of action, damages, judgments, costs or expenses, including attorney’s fees, whatsoever, arising from my participation in the Activity.

4. I certify that I have no medical condition that would preclude or restrict my participation in the Activity and that I have adequate health insurance protection to cover the expense of any unforeseen accident or injury. I recognize that Villanova University is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefore.

5. I agree to seek medical attention and inform the Assistant Director of Athletics, Recreation if I experience any symptoms of a concussion (e.g., headache, irritability, loss of consciousness, amnesia, sensitivity to light and sound, drowsiness, slowed cognitive function, balance issues or emotional changes) following participation in the Activity. If I experience such symptoms, I agree to be evaluated at the Student Health Center, and spend the night at the Health Center for observation.

6. If diagnosed with a concussion, I understand and agree that before I can participate again in the Activity, I must be evaluated by a physician and obtain a medical clearance and release from the physician clearing me to return to participating in the Activity. A copy of the medical clearance and release must be provided to the Director of Intramurals and Recreation prior to returning to participation in the Activity.

7. I acknowledge that Villanova University’s insurance does not cover automobile liability or property damage in connection with the use of my personal automobile, even if such use is for travel to or from the Activity or to transport team members. I certify I have adequate auto insurance coverage to cover the expense of any accident or injury resulting from the use of my personal vehicle in conjunction with the Activity.

8. I acknowledge that I have read and understand this WAIVER and that by signing it I surrender valuable rights, which I have done freely and voluntarily.

Printed Name: ____________________________
Banner ID: ________________________________ Class:     FR.  SO.  JR.  SR.
Phone Number: ____________________________
E-Mail: ________________________________
Signature: ____________________________ Date: __________

EMERGENCY CONTACT INFORMATION:

Name: ____________________________ Phone Number: ____________________
Relationship: ____________________________ Cell Phone Number: ____________________

If participant is under 18 years of age:

Parent Name (Print): ____________________________ Date: __________
Parent Signature: ____________________________ Date: __________