Club Sport:

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 2019 and ending at the commencement of the Fall semester 2020 (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. 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 a club sports activity, I acknowledge it is my responsibility to self-identify and seek evaluation at the Student Health Center or from another medical professional.

6. I acknowledge the Return to Play Protocol for concussions, which states I may only return to club sports activity once I have completed the following steps: 1) Be evaluated and determined concussion symptom free by a physician and 2) Provide either a physician’s note or a written notification that I have been cleared by a physician to the Recreation Department.

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. 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: ________________________________  Class:  □ FR.  □ SO.  □ JR.  □ SR.

Banner ID: ________________________________

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): ________________________________

Parent Signature: ________________________________  Date: ________________________________