Dear [Participant Name],

I, [Participant Name], recognize that participation in the Sport Club [Activity Name] is strictly voluntary and that such participation in said activity does not in any manner imply that I am acting in the course and scope of official University business; nor does it in any manner establish an employer-employee or an agency relationship with the University.

I agree and acknowledge that I am familiar with said recreational club activity and Sport Club, and that activities I may participate in may be of a hazardous nature, and may include physical contact, strenuous exercise or conditioning, exposure to the elements, and could result in serious injury. Understanding this, I state that to the best of my knowledge, I presently have no medical, physical, or mental health conditions which would hinder or prevent my participation in the above listed activity.

In consideration of my request and permission to participate in the ___________________________ Sport Club I hereby assume full responsibility for all risk of injury, damages or loss which may result from my participation (including travel) in this activity and I hereby agree to release and hold harmless Saint Louis University, its trustees, officers, employees or agents from all claims, demands or actions of any kind arising out of ___________________________ Sport Club activities and the use of facilities, services or equipment provided by Saint Louis University, whether occurring on the property of Saint Louis University itself during such activities or use or, before or after such activities or use and going to and from such activities and use in or about the available parking areas that may be brought by myself or any other third party on my behalf notwithstanding the negligence or willful misconduct of Saint Louis University its trustees, officers, employees or agents.

It has been strongly recommended to me that I undergo a complete physical examination prior to participation in said activity. Moreover, I understand that I am financially responsible for all medical costs resulting from an accident, sickness, or injury incurred while I am participating in the aforementioned sport club activity. I also understand that the University and the Department of Campus Recreation does not provide student insurance coverage. Information on student health insurance can be obtained from the Department of Student Involvement Center, Busch Student Center, Suite 335 (Tele: 314-977-2805 Fax: 314-977-7177).

I grant Saint Louis University permission to secure such medical aid and hospital services including anesthesia and or operations which Saint Louis University employees, agents, or representatives deem necessary for the individual noted on this release form, in the event he/she should sustain an injury or illness while participating in a sport club activity. I have also indicated, on the reverse side of this form, any medical information which Saint Louis University should be aware of in consideration of my (my child’s) physical and mental well-being.

__________________________________________________________
Signature of Participant

__________________________________________________________
Parent/Guardian if under the age of 18

Revised 2/14/2006