

**Keene State College
Recreational Sports
Sports Club Program**

ASSUMPTION OF RISK & LIABILITY RELEASE

In consideration for allowing me to participate in the _____ Club, I represent, affirm and promise to the Club and the College that:

1. I understand that participating in the Club's activities involves substantial risks of injury or other harm to me.
2. I am assuming all such risks and responsibilities knowingly and voluntarily, including but not limited to those risks associated with travel to and from Club activities and my own physical condition.
3. I will not hold the Club, Keene State College and their employees and agents responsible for any injury or other harm to me that may result from my participation in the Club.
4. If I cause injury or harm to others intentionally or by my gross negligence in my Club activities or while traveling, I will hold the Club, the College and their employees and agents harmless from any resulting claims or liabilities.
5. I am responsible for my own medical insurance and any bills incurred in case of injury either while playing or traveling. **I understand that I cannot participate in a sport club without medical health insurance.**

Date: _____ Student I.D. #: _____

No. of classes currently enrolled: _____ Credits completed: _____

Class Status: _____ (freshman, sophomore, junior or senior)

Print Name: _____ Signature: _____

Address: _____ Telephone: _____

(on-campus or off-campus)

Person to contact in case of emergency:
_____ Telephone: _____

Name of Insurance Company (with policy number) covering participant:
_____ Telephone: _____

Complete if participant is under 18 years of age:

Co-signed on behalf of the minor by:

(Signature of Parent or Guardian) Date: _____

This form must be on file in the Recreational Sports office prior to your physical participation in practice, games or other events sponsored by a recognized sport club.