

University at Buffalo Sports Clubs
R&I Services
ASSUMPTION OF RISK

Name- Please Print	Sport Club
Social Security #	Email

The undersigned desires to participate in the following University at Buffalo _____ Sport Club. I am aware that these activities involve physical and emotional risks, such as physical person-to-person contact, exertion, use of equipment and the use of indoor and outdoor facilities.

In consideration of the University at Buffalo's efforts on my behalf, I do hereby voluntarily assume all risk of death, accident, injury, damage, and/or loss to myself or my property which may arise out of my participation in the said program. I also hereby release and discharge the University at Buffalo officers and personnel paid or volunteer associated or connected with the said program fro every claim, liability or damage of any kind caused by the negligence of the University at Buffalo personnel involved or otherwise which may result from my participation in the said program.

I further hereby represent that I do not have any medical impairment, disease, physical liability or injury which would prevent my participation in the said program; and that I have medical insurance that covers my participation.

I voluntarily choose to participate in the activities of the Sport Club team.

Please check appropriate classification:

___ UB Student

___ UB Faculty/Staff

Signature of Participant Date

Campus Phone Home Phone

Campus Address

(IF UNDER 18)

The undersigned parents of legal guardians of said above signed participant have read the foregoing release and hereby consent that said participant may participant in the designated Sport Club, and do hereby waive any and all claims to damage or liability to person or property of said participant as stated above.

Signature of Parent or Legal Guardian Date