



## DOMINION UNIVERSITY RECREATIONAL SPORTS DEPARTMENT

### PARTICIPATION AND ACKNOWLEDGEMENT OF RISK

(Please initial in each space)

I desire to participate in activities sponsored by the Old Dominion University Recreational Sports Department. This participation is voluntary on my part.\_\_\_\_I understand that participation in any type of recreational sports activity carries with it an inherent possibility of injury. This includes injury from contact with others and/or the playing environment, aggravation of pre-existing injuries and/or conditions, and effects of overexertion and heat injury.\_\_\_\_I fully and freely assume all foreseeable risks of injury associated with the activities in which I have enrolled or will enroll, and do hereby release Old Dominion University, its employees, agents, contractors, successors and assigns, from any and all actions, claims, lawsuits, liabilities, causes of action or demands of whatever nature which might arise from my voluntary participation in these activities.\_\_\_\_I certify that I have had a physical examination within the last year and am physically fit to participate in the activities for which I have enrolled.\_\_\_\_I also certify that I have a medical insurance policy currently in effect, and that I will keep a medical insurance policy current during any club-related activity as a requirement for continued club membership and participation. I affirm, as a member of the \_\_\_\_\_ club, that I have read and understand all rules, regulations and responsibilities that pertain to our club according to the **Recreational Department Sport Club Handbook** and **Old Dominion University**.

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Please Print

I hereby certify that I have carefully read this form and fully understand its contents. If I did not fully understand the contents of this form, I have sought and obtained legal advice concerning its significance, and have gained an understanding of the meaning of the form before signing it. I also certify that I am over eighteen (18) years of age, and reaffirm all certifications made on this form.

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

UIN: \_\_\_\_\_ CONTACT NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_ SPORT CLUB: \_\_\_\_\_

#### EMERGENCY CONTACT INFORMATION:

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Local Address \_\_\_\_\_

**I pledge to support the Honor System of Old Dominion University.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_