

**UNIVERSITY OF KENTUCKY
CLUB SPORTS
AGREEMENT TO PARTICIPATE AND RELEASE FORM**

SPORT (check applicable box):

- | | | | | |
|-------------------------------------|---------------------------------------|---------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Aikido | <input type="checkbox"/> Cricket | <input type="checkbox"/> Climbing | <input type="checkbox"/> Cycling | <input type="checkbox"/> Dance |
| <input type="checkbox"/> Equestrian | <input type="checkbox"/> Fencing | <input type="checkbox"/> Field Hockey | <input type="checkbox"/> Ice Hockey | <input type="checkbox"/> Judo |
| <input type="checkbox"/> Karate | <input type="checkbox"/> Kempo | <input type="checkbox"/> Lacrosse | <input type="checkbox"/> Rugby | <input type="checkbox"/> Snow Ski/Board |
| <input type="checkbox"/> Soccer | <input type="checkbox"/> Trap & Skeet | <input type="checkbox"/> Ultimate | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Waterski |
| <input type="checkbox"/> Wild Water | <input type="checkbox"/> Wrestling | <input type="checkbox"/> Other _____ | | |

I am aware playing or practicing to play/participate in any sport can be a dangerous activity involving MANY RISKS OF INJURY. I understand that the dangers and risk of playing or practicing to play/participate in the above sport include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system and serious injury or impairment to other aspects of my body, general health and well-being. I understand that the dangers and risk of playing or practicing to play/participate in the above sport may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

Because of the dangers of participation in the above sport, I recognize the importance of following rules and regulations established by the University of Kentucky and/or club officials, and agree to obey such instructions.

I acknowledge that I am in good physical condition and do not know of any condition or reason that I should not be able to participate in _____.

I recognize and acknowledge that the University of Kentucky Campus Recreation Department does NOT carry special health insurance, other than such medical and/or hospital services as are normally provided for students by the Student Health center, that would provide such special insurance coverage for me in the event I should sustain an accidental injury while participation in _____.

I understand the risks involved in this activity and I am voluntarily participating in _____. By my signature below, I hereby recognize and assume all risks associated with playing or practicing _____ and agree to hold the University of Kentucky, its employees, agents, representatives, and volunteers harmless from any and all obligations, liabilities, claims, demands, costs, and expenses, including attorney's fees, or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to the _____ Club. The terms hereof serve forever as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

In signing this Release, I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed; no oral representations, statements or inducements, apart from this Release have been made.

Date _____, 20_____

(print name)

(Social Security #)

(Signature)

IT IS STRONGLY RECOMMENDED THAT EACH PARTICIPANT IN THIS PROGRAM PURCHASE INSURANCE WHICH COVERS ACCIDENTS WHICH MAY OCCUR DURING PARTICIPATION IN ACTIVITIES.