## Northern Michigan University Sport Club Program

## **Agreement and Release of Liability**

1. In consideration of being allowed to participate in the Sports Club program of Northern Michigan
University (NMU) and to use its facilities and equipment, I excuse, release and forever discharge NMU,
its officers, agents, employees, and representatives and any others acting on their behalf (the
"releasees") from any and all responsibility or liability for injuries or damages resulting from my
participation in any activities or my use of equipment of NMU. I also release the releasees from any
responsibility or liability for injury or damage to myself, including that caused by the negligent acts(s) or
omissions(s) of releases or in any way arising out of or connected with my participation in any activities of NMLL or the use of any equipment at NMLL (Please Initial)
of NMU or the use of any equipment at NMU. (Please Initial)
2. I understand that physical activity and the participation in them is potentially hazardous. The
inherent risks include muscle soreness, exhaustion, dehydration, injury, fainting, falls, muscle and
ligament injury, bone fracture, seizure, heart attack, drowning, and death. I am voluntarily participating
in these activities and using equipment and facilities with knowledge of the dangers involved. I hereby
agree to assume and expressly accept any and all risks of injury or death. (Please Initial)
3. I am not suffering from any condition, impairment, disease, or other infirmity that would prevent my
safe participation in any of the activities or programs of NMU in which I will be involved or that would
prevent my use of the equipment or facilities of NMU. I have been informed of the advisability of
obtaining a physician's approval for my participation in exercise/fitness activities or in the use of
exercise equipment. I also acknowledge that it has been recommended that I have a yearly physical
examination and consultation with my physician as to physical activity, exercise and use of exercise and
training equipment so that I might have recommendations concerning these fitness activities and
equipment use. I acknowledge that I have either had a physical examination and have been given my
physician's permission to participate, or that I have decided to participate in exercise activities and/or
use of equipment without the approval of my physician. I assume all responsibility for my participation
in these activities. (Please Initial)
4. I understand that my participation in the Sports Club program requires a two semester NMU Student
Recreation Pass. If I have not already signed up for a membership, it will automatically be charged to my
student account. (Please Initial)
5. I have read and I understand all of the guidelines provided for me in the Sport Club Association
Handbook. I understand the consequences should I disregard any of the rules. (Please Initial)

Please fill out the reverse side of this form!

6. Full Name:	Sport Club:	
Date of Birth:	IN#:	
Local Address:	Home Phone:	
	Cell Phone:	
Signature:		
Emergency Contact:		
Relationship:	Phone:	
Note: If under 18 years of age,	parent or guardian must co-sign this release.	
Co-signer:	Date:	
Personal Health Insurance		
Subscriber's Name:	Relationship:	
Address:		
Subscriber's Employer:		
Medical History		
*Disclosure of medical information will not disallow you from participation in club sports*		
Are you allergic to any drugs?		
Do you have a medical condition that requires regular care? If so, please specify:		