

UW-Whitewater Club Sports Participant Waiver Form

Return form to room 100

Club Sports staff will file form accordingly

PLEASE USE PEN

COMPLETE REVERSE SIDE OF FORM

Full Name: _____
First Name, Middle Initial, Last Name

Date of Birth: _____ / _____ / _____ **Age:** _____

Waiver is for the following academic year: _____
Waiver valid July 1 of the upcoming fall semester thru June 30 of the upcoming spring semester

Club Name: _____

This waiver form **MUST** be on-file with the Office of Recreation Sports & Facilities **PRIOR** to participating in any event on behalf of the club named above. Individuals must also acknowledge the statements below and sign this form in order for the form to be considered complete and valid. Other eligibility requirements may apply. Administrative staff reserves the right to deny eligibility if this, and any other form, is not legible.

Assumption of Risk

I understand not all risks can be foreseen and there are some risks which are unpredictable. I understand certain inherent risks cannot be eliminated regardless of the care taken to avoid injuries. I am aware of the risks of participation, which include, but are not limited to, the possibility of physical injury, fatigue, bruises, contusions, broken bones, concussion, paralysis and even death. I understand the university has advised me to seek the advice of my physician before participating in Club Sports events. I understand I have been advised to have health and accident insurance in effect and that no such coverage is provided for me by the University or the State of Wisconsin. ***I know, understand and appreciate the risks that are inherent to participating in the club named above. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.***

Hold Harmless, Indemnity and Release

In consideration of my participation in these activities, I, for myself, spouse, heirs, personal representatives, estate or assigns, agree to defend, hold harmless, indemnify and release the Board of Regents of the University of Wisconsin System, the University of Wisconsin-Whitewater, and their officers, employees, agents, volunteers and all others who are involved, from and against any and all claims, demands, actions or causes of action of any sort on account of damage to personal property, personal injury or death which may result from my participation in the above-named program. This release includes claims based on the negligence of the Board of Regents of the University of Wisconsin System, the University of Wisconsin-Whitewater and their officers, employees, agents and volunteers, but expressly does not include claims based on their intentional misconduct or gross negligence. ***I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue.***

Consent for Emergency Treatment

I authorize the University of Wisconsin-Whitewater and its designated representatives to consent, on my behalf, to any emergency medical/hospital care or treatment to be rendered upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

By signing below, I acknowledge the contents of this form and am aware of/accept the risks affiliated with participating in the Club Sports program at the University of Wisconsin-Whitewater.

Signature

Date

Signature of parent or legal guardian
If participant is under the age of 18, a parent or legal guardian must sign above

Date



UW-Whitewater Club Sports

Member Information Form

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Full Name: _____
First Name, Middle Initial, Last Name

Gender: FEMALE MALE TRANSGENDER FEMALE TRANSGENDER MALE NOT LISTED

Preferred Phone Number: _____

Preferred Email Address: _____
UW-Whitewater Email Address Preferred for Students

UW-Whitewater Student ID Number: _____

Campus: UW-W Main Rock County Other/Not Specified

Classification: Freshman Sophomore Junior Senior
 Grad School Faculty/Staff Community Other/Not Specified

NOTE: Coaches/Instructors/Volunteers MUST complete their form online – no paper form available

Graduation Semester: _____
When you intend to graduate (list semester and year)

I am a: New Club Member Returning Club Member

For Esports Members Only

Your Discord Username: _____
Example: gamer#0001

How did you find out about Club Sports? *Select all that apply.*

- | | | |
|---|---|---|
| <input type="checkbox"/> Returning Member | <input type="checkbox"/> Campus Visit/Tour | <input type="checkbox"/> Class Presentation/Discussion/Assignment |
| <input type="checkbox"/> Club Sports Awareness Day | <input type="checkbox"/> Club Sports Website | <input type="checkbox"/> Involvement Fair |
| <input type="checkbox"/> Joined After Watching Club Event | <input type="checkbox"/> Campus Marketing Table | <input type="checkbox"/> Parent or Family Member |
| <input type="checkbox"/> Posters/Digital Displays | <input type="checkbox"/> Roommate/Classmate | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Williams Center Advertising | <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Other |

