

ASUM Release of Liability and Assumption of Risk

Full Name: _____ ID Number: _____
Club(s): _____ Year: _____
Local address: _____
Phone: _____ E-mail: _____

I, _____, desire to participate voluntarily in _____ Club at the University of Montana. I acknowledge that this club provides structured opportunities for individuals with varied interests and skill levels and that the intent of the Program is to provide wholesome and positive experiences for all who participate. With my signature below, I signify my acceptance of rules and policies of the Sports Club Union, ASUM, and the University of Montana.

I understand that every attempt is made to minimize the existing risks (that are inherent in the nature of some of the activities) through the use of proper sports equipment, safe facilities and sound safety practices. However, I also understand that these risks cannot be eliminated completely. _____ (INITIAL)

I realize as an active club participant I could possibly incur injuries no matter how well conditioned I may be. Due to the nature of the club, injuries may be minor to fatal in nature. Some specific injuries that are not uncommon are listed below: A stoppage of breathing; spine and neck injuries (either of which could result in paralysis); heart failure; broken bones; heat stroke; heat cramp; heat exhaustion; stroke; bleeding; convulsion; unconsciousness; abrasions; fainting; sudden illness; cramps; and loss of wind. In addition, there is a potential for accidents of illness while traveling to and from events. The propensity for major injuries, such as broken bones, concussion, and internal injuries to major organs, increase in relation to the force of impact upon a collision between two moving players. I understand that if I am participating in a collision sport, speed collisions will occur regularly, as an integral part of the club. _____ (INITIAL)

These lists above are not intended to be inclusive of all injuries that may occur, but rather to inform me of the type of risks inherent in my participation in the club, so that I can make voluntary choice to participate or not participate. I have fully informed myself of the contents of this affirmation by reading it before I signed it. I am of lawful age and legally competent to sign this affirmation and acknowledgement of risk. I assume my own responsibility of physical fitness and capability to perform the activities involved in club participation. I understand if I have any question as to whether a physical or medical condition would prevent my full participation in participating, I should approach the club instructor or leader, or the University Office of Disability Services for Students who will discuss possible accommodations. I also realize that the activity involved may be strenuous, and that the university has advised me to seek the advice of my physician before participating in this activity. _____ (INITIAL)

I knowingly assume all risks connected with the activities related to this membership participation, and agree, to the extent permissible by law, to indemnify and hold The University of Montana, its officers, agents, employees and all third party property owners where the club activities, practices and performances occur, from any and all costs, charges, claims, demands, losses, damages, causes of action, suits and liabilities of any kind, including the expenses of litigation, court costs and attorney's fees, for injuries to, or death or illness of any person, or for damage to any property arising out of or in connection with my involvement in the volunteer activities except to the extent any such insured or indemnified activities result from the negligent or other tortuous act(s) or omission(s) of The University of Montana. _____ (INITIAL).

I certify I have read this Release of Liability and Assumption of Risk Agreement, fully understand its terms, understand that by signing this document I may be waiving my legal right to a jury trial to hold ASUM or the University of Montana legally responsible for any injuries or damages resulting from the risks inherent in this club or recreational opportunity or for any injuries or damages I may suffer due to the University of Montana's ordinary negligence that are the result of the University of Montana's failure to exercise reasonable care. (MT CODE ANN 27-1-753). I acknowledge that I am at least eighteen (18) years of age.

Name (Print): _____ Date: _____

Signature: _____

Emergency Contact Name: _____

Relationship: _____ Notified? YES / NO

Phone Number: _____ Alternative Contact Info: _____