CLUB SPORTS

ACKNOWLEDGEMENT OF RISK, RELEASE OF LIABILITY, INDEMNIFICATION AGREEMENT, AND PROMISE NOT TO SUE Department of Campus Recreation



In consideration of my participation in the above referenced Penn State Student Organization ("Organization"), the undersigned participant hereby freely agrees to the following:

- 1. I understand and acknowledge that participation in Organization activities may be inherently dangerous and fully realize the dangers of participating in all Organization activities. I KNOWINGLY AND VOLUNTARILY FULLY ASSUME THE RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE ORGANIZATION OR OTHERS, associated with participating in the Organization, including, but not limited to, contusions, muscle strains and sprains, broken bones, lacerations, cardiac malfunction, head, neck and back injury, permanent and temporary paralysis, death and property damage.
- 2. I hereby waive, release and discharge, The Pennsylvania State University, its trustees, officers, employees, and agents, and the Organization, its officers, instructors, representatives and any other persons involved in the Organization's activity, either directly or indirectly, of any and all responsibility or liability for any injury, loss or damage suffered directly or indirectly to myself or to any other person as a result of my voluntary participation in the Organization's activities.
- 3. I, on behalf of myself and my heirs, executors and personal representatives, agree to indemnify and promise not to sue, The Pennsylvania State University, its trustees, officers, employees, and agents, and the Organization, its officers, instructors, representatives and any other persons involved in the Organization's activity, either directly or indirectly, for any injury, loss, or damage sustained by myself or others, as a result of my voluntary participation in the Organization's activities.

I HAVE READ AND FULLY UNDERSTAND THE TERMS OF THIS ACKNOWLEDGEMENT OF RISK, RELEASE OF LIABILITY, INDEMNIFICATION AGREEMENT AND PROMISE NOT TO SUE. BY SIGNING, I AGREE TO ITS TERMS IN THEIR ENTIRETY.

NAME:	
PARTICIPANT SIGNATURE	Date
PARENT/GUARDIAN SIGNATURE	Date

CLUB SPORTS

2021-2022 PARTICIPATION AGREEMENT Department of Campus Recreation



COMPLIANCE

Participation in any organization under Penn State's Office of Student Activities (the "Office of Student Activities") is completely voluntary and requires compliance with all University policies and procedures. Visit www.guru.psu.edu for more information on University policies.

Office of Student Activities participants have an obligation to refrain from actions and behavior that may jeopardize themselves or other Office of Student Activities participants. The Office of Student Activities reserves the right to remove participants from the Organization for actions/behavior that are deemed dangerous to themselves and/or other Office of Student Activities participants.

No Organization or any participant may engage in hazing activities. Hazing is defined as any action or situation that recklessly or intentionally endangers the mental or physical health or safety of a student or that willfully destroys or removes public or private property for the purpose of initiation or admission into or affiliation with, or as a condition for continued membership in any recognized student organization, including the Office of Student Activities.

Consumption of alcohol is prohibited during all student organization activities, regardless of the age of the participants. Non-prescribed drugs, performance enhancing drugs, or any other substances that might be dangerous or detrimental to the participant's health, or performance as a member of this organization are also prohibited. Student organization activities are defined as any social, practice, competition, demonstration, clinic, or community service sponsored, hosted, or arranged by or for organization members. Travel is considered a student organization activity from the time of departure to return.

ADDITIONAL RESPONSIBILITY

All Office of Student Activities participants assume the responsibility to ensure that the elected or appointed officers of their organization are administering the organization appropriately. The participant acknowledges that he/she and all other members of the organization can be held accountable for the actions/inactions of the elected/appointed organization officers. The participant acknowledges that if he/she has any concerns about the administering of the organization, the participant should contact the Office of Student Activities at 103 HUB, University Park, PA 16802.

MEDICAL INSURANCE REQUIREMENTS

Participation in any student organization activity is contingent on medical insurance coverage. The undersigned certifies that he/she has adequate medical insurance coverage that will cover medical expenses resulting from his/her participation in any of the student organization's activities. The undersigned acknowledges that he/she is fully responsible for any and all medical expenses that he/she might incur as a result of his/her participation in any of the student organization's activities, whether or not covered by insurance.

THE UNDERSIGNED HAS READ AND UNDERSTANDS THE ABOVE REGULATIONS AND REQUIREMENTS, AND AGREES TO CONDUCT HIMSELF/HERSELF IN A SAFE AND PRUDENT MANNER AT ALL TIMES WHILE PARTICIPATING IN THE ACTIVITIES OF THE STUDENT ORGANIZATION IDENTIFIED ABOVE.

NAME:	YOUR STATUS:		
EMAIL:	Ctudont	Faculty/Staff	Community Membe
PHONE:	CLUB:		
PARTICIPANT SIGNATURE		Date	
PARENT/GUARDIAN SIGNATURE(If under 18 years of age)		D	ate