**2021-2022
PENN STATE STUDENT AFFAIRS**

**Please complete:**

 Organization

**ACKNOWLEDGEMENT OF RISK, RELEASE OF LIABILITY, INDEMNIFICATION AGREEMENT AND PROMISE NOT TO SUE**

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.**

**Participant Name (print)**

 **(Last Name, First Name)**

**Participant Signature Date**

**Parent/Guardian Signature Date
(If under 18 years of age)**

**2021-2022
PENN STATE STUDENT AFFAIRS**

**Please complete:**

 Organization

**PARTICIPATION AGREEMENT**

**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 nor 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 Club Sports Program participants assume the responsibility to ensure that the elected or appointed officers of their club are administering the club appropriately. The participant acknowledges that he/she and all other members of the club can be held accountable for the actions/inactions of the elected/appointed club officers. The participant acknowledges that if he/she has any concerns about the administering of the club, the participant should contact the Office of Student Affairs.

The participant acknowledges that he/she will still be responsible for financial obligations associated with his/her participation and even for non-participation if removed from an activity due to actions/behavior that are deemed dangerous as outlined above or any other reason related to a violation of the Student Code of Conduct.

**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.**

 **Last Name \_\_\_\_\_\_\_\_\_\_\_\_ First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Phone Number \_\_\_\_\_\_\_\_\_\_\_\_**

 **Member Type: □ Student PSU Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **□ Faculty/Staff PSU Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 □ Instructor Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Participant Signature Date**

**Parent/Guardian Signature Date
(If under 18 years of age)**

**OFFICE of STUDENT AFFAIRS USE ONLY:**

**Verification of
Completed form \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** *Initials and date of
 Student Affairs Employee*

**CLUB OFFICER VERIFICATION:**

 *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Initials of Club Officer Date*