

Seattle University
Department of Recreational Sports
Assumption of Risk, Waiver, and Release from Liability

In consideration for participating in and using Seattle University's Recreational Sports athletic and recreation activities, services, equipment and/or facilities, including, but not limited to club and intramural sports, fitness programs, outdoor recreation, using the Connolly Center or participating in sports activities, I acknowledge and agree as follows:

1. **Voluntary Participation-** My involvement or participation is voluntary and is not requested or required by Seattle University.
2. **Risk Factors-** I understand and acknowledge that participation in athletic or recreation activities or services or the use of equipment and facilities involves risks including, but not limited to the following: risk of property damage; bodily injury including but not limited to temporary or permanent muscle soreness; sprains; strains; cuts; bone fractures; abrasions; bruises; ligament and/or cartilage damage; head, neck or spinal injuries; paralysis; eye damage; disfigurement; drowning; and possibly death. These risks may result from the use of the equipment or facilities, from the activity itself, from the acts of others or from the unavailability of emergency medical care.
3. **Assumption of Risk-** I voluntarily and personally assume all risks that may arise out of or result from participation in athletic or recreational activities or the use of equipment, facilities and/or services, regardless of whether such risks are known or unknown, foreseen or unforeseen, disclosed or undisclosed, including but not limited to those risks described above.
4. **Compliance with Policies and Procedures-** I agree to comply with and abide by all rules, policies and procedures of the Department of Recreational Sports, Connolly Center and Seattle University. I understand that the safe and proper use of equipment, facilities or participation in the activity is dependent upon carefully following such rules, policies and procedures. The Recreational Sports staff has the right to revoke or terminate my privileges for any violation of such rules and policies.
5. **Release of Liability-** I hereby release, waive, and discharge Seattle University, and all of its trustees, officers, employees and agents from any and all claims, injuries, causes of action, suits, liability, losses or expenses (including attorney's fees) arising from or in connection with my participation in or use of Seattle University athletic and recreation activities, services, equipment and facilities.
6. **Indemnification-** I also agree to indemnify, defend and hold harmless Seattle University, and all of its trustees, officers, employees and agents from any and all claims, injuries, causes of action, suits, liability, losses or expenses (including attorney's fees) arising from or in connection with my participation in and use of the University's athletic and recreation activities, services, equipment and facilities.
7. **Skill, Ability and Fitness-** I acknowledge that I have the requisite skills, qualifications, physical fitness and ability, and training necessary to properly and safely use the equipment, facilities, and to participate in the athletic and recreation activities. I agree that if I have any questions as to what skills, qualifications or training is necessary to properly use the equipment, facilities or participate in athletic and recreation activities itself, then I will ask the appropriate Staff Member on site. Furthermore, I certify that I have consulted with a physician to determine any potential conditions that may adversely affect my participation.
8. **Medical Costs-** I am solely responsible for any and all medical, health, or personal injury or illness costs relating to my participation in or use of Seattle University athletic and recreation activities, services, equipment and facilities.
9. **Undergraduate Student Insurance-** I acknowledge that all full-time Seattle University undergraduate students are **required** to have a medical insurance policy that will cover injury or illness that may occur due to participation in or use of University athletic and recreation activities, services, equipment and facilities.

10. **Part-time, Graduate and Law Student Insurance-** I acknowledge that all part-time, graduate and law students are **strongly recommended** to have a medical insurance policy described in Section 9 above.
11. **Alumni, Spouses and Partners Insurance-** I acknowledge that all alumni, and spouses and partners of students, faculty, staff and alumni are **strongly recommended** to have a medical insurance policy described in Section 9 above.
12. **Jurisdiction-** This Agreement shall be governed in all respects by the laws of the State of Washington. The parties agree to use the State of Washington for Jurisdiction and King County as Venue for any disputes between the parties.
13. **Severability-** Should any of the provisions of this Agreement, or portions thereof, be found to be invalid by a court of competent jurisdiction, the remainder of this Agreement shall nonetheless remain in full force and effect.
14. **Acknowledgment-** I have read and fully understand this Agreement and realize it relates to surrendering and releasing valuable legal rights and do so freely and voluntarily.

NAME: _____ SIGNATURE: _____ Date: _____

Medical Insurance Coverage

INSURANCE CARRIER: _____ POLICY HOLDER'S NAME: _____

POLICY/GROUP NO.: _____

Emergency Contact Information

FULL NAME: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ PHONE: _____

Consent and Release on Behalf of Minor

I am the parent or legal guardian of the above named minor. I have read and understand the Agreement and realize it relates to surrendering valuable legal rights of the minor and myself. I agree to be bound by all the terms of the Agreement and consent to the minor's participation in the activity.

Signature of Parent/Legal Guardian Consent and Release on Behalf of the Minor

NAME: _____ SIGNATURE: _____ Date: _____