Furman University
Recreational Sports Department
Club Sports

RELEASE, ASSUMPTION OF RISK AND CONSENT

Participation in the Club Sports Program requires an acceptance of risk of injury. Club Sports participants rightfully assume that those who are responsible for the conducting of sports have taken reasonable precautions to minimize the risk of significant injury and that those participating in the sport will not intentionally inflict injury. The Furman University Recreational Sports Department strongly recommends that all club sports participants have qualifying medical evaluations upon their initial entrance onto a club sports roster. Further medical evaluations, subsequent to the initial qualifying exam, may be required in specific cases.

*Furman University does not provide medical insurance for Club Sports Program participants. Participants must secure this protection prior to club sports participation*

Required Consent Information:

1. For and in consideration of the opportunity to participate in the activities of the Club Team, an approved University Club Sports Team, and with all privileges as a member of such team, I do hereby RELEASE and DISCHARGE, and agree to indemnify and hold harmless, Furman University, its Board of Trustees, officers, agents, employees, any University-affiliated organization and other members of the Club Team (hereafter referred to as (Releasees) from any and all responsibilities, liabilities, obligations, claims, demands, and causes of action whatsoever for personal injury to myself, or loss or damage to my personal property. I further agree to indemnify and hold harmless the Releasees from and against any and all responsibilities, liabilities, obligations, claims, demands and causes of action whatsoever for personal injury to others, or loss of or damage to property of others, caused by me or resulting from my participation in the activities of the Club Team.

2. I understand that participation in the activities of the Club Team is purely voluntary and is not a part of the academic curriculum of the University, and I am fully aware of risks and hazards connected with participation in the said activities. I am fully aware that there may be risks and hazards unknown to me in connection with participation in the said activities. I hereby elect to voluntarily participate in such activity knowing that conditions may be hazardous, or may become hazardous or dangerous to me or my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS OF PROPERTY, PROPERTY DAMAGE, OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or any personal injury, or loss of or damage to property owned by others, as a result of my participating in the said activities.

3. When transportation is furnished voluntarily by me for the purpose of participating in any Club Team competition, it is expressly understood that I will be solely responsible for any personal injury to myself, to passengers in my privately-owned vehicle, or to other persons, or damage to my personal property or the property of passengers or other persons incident to such transportation in traveling to and from any location as is necessary to participate in the activities of the Club Team. When my privately-owned vehicle is used as transportation for me or for other members of Club Team, I will ensure that my automobile liability insurance policy, providing third party injury or property damage insurance coverage, will be in full force and effect; that the terms and provisions of such policy will not exclude third party liability coverage incident to such transportation; and that such insurance coverage will satisfy all requirements of South Carolina law.
4. I realize that, as a participant of the Club Team, I could possibly incur injuries no matter how well conditioned I may be. Due to the nature of this club sport, injuries may be minor to fatal in nature. I also realize that, if I have a physical problem such as a heart condition, hypertension, orthopedic problems, or other medical problems, I should consult a licensed physician concerning any limits to my activity prior to participation in the club.

By signing this form I:

A. Understand that I must refrain from practice or play while ill or injured, and during medical treatment until I am discharged from treatment, or I am given permission by my personal, licensed health care provider to restart participation despite continuing treatment.

B. Understand that having passed the physical examination does not necessarily mean that I am physically qualified to engage in Club Sports, but only that the examiner did not find a medical reason to disqualify me at the time of examination.

C. Certify that I do not know of, nor believe there is, any physical or medical reason why I should not participate in Furman University Club Sports activities at this time.

D. Certify that I have been given a copy of this document, and that I have read and understood it.

E. Certify that all the information I have provided on this form is correct and true.

F. Hereby give my permission and agree to release any and all academic information needed to verify my eligibility as a member of Furman University on a need be basis.

G. Hereby give my permission to Furman University to utilize my name, photos, film footage or tape recording of me to be used for publicity.

H. Understand that I must keep all my individual records current with the Recreational Sports Office.

Participant Signature: ___________________________ Date: __________________

Witnessing Officer Signature: ___________________________ Date: __________________

**I ATTEST THAT I HAVE READ AND UNDERSTAND THE MATERIAL WRITTEN ON THIS ENTIRE DOCUMENT. I ASSUME ANY AND ALL FINANCIAL RESPONSIBILITY FOR MEDICAL TREATMENT AND TRANSPORTATION AS A PARTICIPANT. I, THE PARTICIPANT RELEASE THE UNIVERSITY FROM ANY AND ALL LIABILITY THAT MAY RESULT FROM MY PARTICIPATION IN THE CLUB SPORT ACTIVITIES.**
Furman University
Recreational Sports Department
Club Sports

ACCIDENT INSURANCE VERIFICATION

I, ____________________________________________________, a member of the
(first)                                 (middle)                                     (last)
____________________________________________ Club, have an accident insurance policy with the
____________________________________________________________________.

________________________________________ (company name)

The following information is pertinent to this policy:

State   _________________________________

Policy #   _______________________________________________________

Group/Other #   _______________________________________________________

I understand that accident insurance is not provided for Club Sport participants by the Department of
Recreational Sports of Furman University. I also understand that the Department of Recreational Sports
requires each Club Sport participant to be covered by a policy of his/her choice. This policy should
provide adequate protection for sudden catastrophic injuries which may occur during participation in Club
Sport Activities.

I fully understand the above statements and verify that I have accident insurance corresponding with the
information provided above.

Participant’s signature _____________________________ Date________________

Witness   ______________________________ Date________________
Furman University  
Recreational Sports Department  
Club Sports  

EMERGENCY INFORMATION

Name ____________________________ Soc. Sec. ____________________________
(First) __________________ (Middle) __________________ (Last) ____________________
Date of Birth ___________________ Age __________ Local __________ __________
Phone __________________________
Participant in ____________________________ Club ____________________________

Insurance Information:
Company Name ____________________________________________________________
Policy # __________________ State Issued ______
Group/Other # ___________________ Expiration Date ____________________________

Emergency Notification:
Name ___________________________________________________ Relationship _________________
Address ______________________________________________________ Phone  ______
Name ______________________________________________________ Phone  ______

(Circle One)
Yes  No  1. Do you wear contact lenses? Hard or Soft?
Yes  No  2. Do you have any allergies? ex. Medications
If yes, list ____________________________________________________________
Yes  No  3. Are you taking any medications?
If yes, list ____________________________________________________________
Yes  No  4. Do you have any respirator problems? ex. asthma
If yes, list ____________________________________________________________
Yes  No  5. Have you ever suffered a head injury?
If yes, was it severe enough to see a doctor? ____________________________
Yes  No  6. Do you have any medical problems that would be important for us to know?
Ex. Diabetes, high blood pressure, epilepsy, etc.
If yes, list ____________________________________________________________
Yes  No  7. Give approximate date of your last tetanus shot.

______________________________________________________________