

# John Carroll University

## Club Sports Assumption of Risk and Waiver

Sport: \_\_\_\_\_ Coach/President: \_\_\_\_\_

Name: \_\_\_\_\_ Class (Fr, So, etc.): \_\_\_\_\_

Campus Address: \_\_\_\_\_ Campus Phone: \_\_\_\_\_

Home Address (if different): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Male Female

### **CLUB SPORTS RELEASE WAIVER**

*ASSUMPTION OF RISK/RELEASE & EXPECTATIONS OF BEHAVIOR*

I, \_\_\_\_\_, would like to participate in Club Sports at John Carroll University during the \_\_\_\_\_ academic year. I understand the educational and recreational nature of the activity and have been given the opportunity to ask questions regarding the expectations. I understand that the university does not require me to participate, but I want to do so, despite any risks and despite this Release.

I understand that there are certain risks involved in travel and participation in Club Sports; I understand that all risks cannot be prevented.

In exchange for the opportunity to participate, I personally assume all risks in connection with my participation in and travel to and from this activity. I release John Carroll University, its trustees, officers, agents, employees and volunteers, from any claims or causes of action for any personal injury or damage to personal property, including death, in connection with my participation and travel to and from this activity. I acknowledge that the activity involves a foreseeable risk of serious bodily injury, including disability, paralysis and death, and other known and foreseeable risks including, but not limited to: the risks of travel, the risk of concussions or traumatic brain injury, or other neurological injury. I realize that there may be other risks not known to me or not readily foreseeable but I fully accept and assume all such risks, whether or not identified above, and I assume all responsibility of losses and damages which I may suffer as a result of my participation in this activity. I understand that this Release covers any and all claims against John Carroll University (or any of those mentioned above), including but not limited to negligence and/or failure to supervise. I also understand that this Release binds me, my family, estate, and/or heirs.

I understand that my behavior is subject to John Carroll University policies while participating in and traveling to and from Club Sports events (practices, games, overnight trips, tournaments, etc.).

I promise to fulfill all of the terms listed below as a participant of John Carroll University Club Sports:

1. Before signing this document, I certify that I have read the John Carroll University Club Sports, Cheerleading, and Intramural Sports Concussion Management Policy and have read and understand the [NCAA Concussion Fact Sheet](#). I understand the requirements of the Concussion Management Policy and agree to the responsibilities, terms and conditions listed in the policy. This includes a responsibility to report injuries and illnesses to institutional medical staff, including concussion signs and symptoms, and abide by return to play requirements when a concussion is suspected.
2. If involved in one of the sports with additional testing requirements, as identified in the Concussion Management Policy, I agree to follow all extra procedures required for that sport in order to be eligible to participate.

I give John Carroll University permission to publish/display my name, likeness, and/or biographical information, and to share my address, e-mail, and phone information with other Club Sports participants. This information may be used in connection with John Carroll University news/advertising and JCU Athletics & Recreation activities.

I have read this Release. I fully understand it and agree to be legally bound by it and I am signing this of my own free will.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

Date \_\_\_\_\_

**\*\*\*\*\*FOR PARTICIPANTS UNDER THE AGE OF 18\*\*\*\*\***

The above-named participant, a minor for whom I am the parent or legal guardian, has my permission to participate in and travel to and from and during the above-described activity. On behalf of myself and my minor daughter/son, I release John Carroll University, its trustees, officers, agents, employees and volunteers, from any and all liability in connection with my minor daughter/son's participation in and travel to and from this activity. I understand that this Release covers any and all claims against John Carroll University (or any of those mentioned above), including negligence. I also understand that this Release binds me, my family, estate, and/or heirs. I have read this entire document, fully understand it and agree to be legally bound by it.

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Parent/Guardian Signature

Date: \_\_\_\_\_

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**OFFICE USE ONLY**

Professional Staff Witness \_\_\_\_\_

Date \_\_\_\_\_