

Alumni Contests
Clinics
Outside Group Activities
Club Sports

Name: _____

Age: _____

Address: _____

Sport: _____

AGREEMENT TO PARTICIPATE

I am aware that playing or practicing in any sport can be a dangerous activity involving **MANY RISKS OR INJURY**. I understand that the dangers and risks of playing or practicing in the above sport include, but are not limited to, death, serious neck and spinal injury which may result in complete or partial paralysis or brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular-skeletal system and serious injury or impairment to other aspects of my body, general health and well being.

Because of the dangers or participating in the above sport, I recognize the importance of following all instructions by the coach.

This agreement applies specifically to the following date(s): _____.

In consideration of the University of Delaware (UD) permitting me to practice or play the above sport and to engage in all activities related to this sport, I hereby voluntarily assume all risks associated with participation and agree to exonerate, save harmless and release the UD, its agents, servants, trustees and employees from any and all liability, medical expenses, claims, causes of action or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to the sport(s) indicated above.

The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and all members of my family.

I hereby agree to submit any disputes that may arise between myself and UD, its agents, servants, trustees and employees, in connection with my activities at UD, to binding arbitration before three arbitrators, in accordance with the Rules of the American Arbitration Association.

Signature of Participant

Date

* NOTE: Signature may be both that of participant only, if 18 years of age or over, otherwise it must also be signed by **BOTH Parents or Legal Guardians**.

Witness

Date

Father/Legal Guardian

Date

Witness

Date

Mother/Legal Guardian

Date