

UAFS SPORT CLUBS PROGRAM

SPORT CLUB MEMBERSHIP FORM

Member Name: _____ Sport Club: _____

UAFS ID#: _____ Date of Birth: _____

Address: _____

Phone # _____ Email: _____

Membership type (circle one): Student Faculty/Staff UAFS Alumni

Name of Emergency Contact: _____

Relationship to You: _____ Phone # _____

MEDICAL QUESTIONNAIRE

Has anyone in your family died of heart related complications before age 50? **YES NO**

Do you have any allergies? **YES NO**

Are you currently taking any medications, including herbal supplements? **YES NO**

Have you ever had any surgical operations? **YES NO**

Have you ever had trauma to your head? **YES NO**

Do you have, or have you had, any other general medical conditions? **YES NO**

Do you have, or have you had, any other orthopedic conditions? **YES NO**

Explain all **YES** answers:

Release of Claims and Assumption of Risk

Individual's Full Name: _____ University ID#: @ _____

The undersigned student/employee/alumnus/alumna (hereinafter MEMBER) hereby acknowledges that he/she is voluntarily participating in a club sport activity (hereinafter ACTIVITIES) at University of Arkansas - Fort Smith (hereinafter UAFS), is in good physical condition, and is sufficiently trained to participate in the activities.

In consideration of UAFS making the activity available and/or making any equipment or facilities available, MEMBER, for himself or herself, his or her spouse, legal representatives, heirs, next of kin and assigns hereby forever releases, waives, and covenants not to sue UAFS, its officers, Board of Trustee of the University of Arkansas, officers, agents, and employees from any and all liability to MEMBER, his or her spouse, legal representatives, heirs and assigns for any and all loss, claims, damages, lawsuits, demands, or causes of action whatsoever that MEMBER may have hereafter accrue, as the direct or indirect result of MEMBER'S participation in activities.

MEMBER acknowledges that these activities are each potentially hazardous. MEMBER understands that while participating in these activities, he or she will be exposed to above-normal risks of injury and that although UAFS has taken precautions to provide safety equipment for each activity, it is impossible for UAFS to guarantee absolute safety. MEMBER understands that he or she bears the responsibility for safety while participating in any intramural or club sport activity and voluntarily assumes full responsibility for the risk of bodily injury, death, medical expenses, loss of income, or property damage while participating in the activities, whether it is due to the active or passive negligence or otherwise of UAFS. MEMBER acknowledges that he/she has a personal responsibility to follow established rules of safety, obey all laws, fully utilize the safety equipment, provided for these activities, and to follow the instructions and commands of UAFS employees or officials during participation in any of these activities. MEMBER acknowledges that he or she has been fully advised of the potential hazards that might occur include cuts, sprains, bruises, fractures internal injury, disfigurement (permanent or otherwise), blindness, paralysis, suffocation, broken bones, and other serious or even life threatening injuries.

With all of these facts known, MEMBER voluntarily agrees to release UAFS, its officers, Board of Trustee of the University of Arkansas, officers, agents, and employees from any and all liability to MEMBER, his or her spouse, legal representatives, heirs and assigns for any and all loss, claims, damages, lawsuits, demands, or cause of action whatsoever that participant may have or that my hereafter accrue, as the direct or indirect result of MEMBER'S participation in recreational and/or club sport activities.

It is expressly understood by MEMBER that he/she is solely responsible for all costs arising out of any bodily or property damage sustained through his/her participation in the activities. MEMBER expressly agrees that this release is intended to have broad and inclusive as permitted by the laws of the State of Arkansas, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. Further, nothing in this document shall be

deemed to waive the sovereign immunity of the State of Arkansas, UAFS, Board of Trustee of the University of Arkansas, officers, employees, staff, or agents.

MEMBER also gives permission to UAFS for the free use of MEMBER'S name and/or pictures in broadcasts, telecasts, publication, and newspapers.

Please read, fill out, and sign this release.

THIS DOCUMENT RELEASES UNIVERSITY OF ARKANSAS - FORT SMITH AND BOARD OF TRUSTEES OF THE UNIVERSITY OF ARKANSAS FROM ANY LIBAILITY RESULTING FROM MY PARTICIPATION IN ANY INTRAMURAL/RECREATIONAL SPORT ACTIVITES.

***By my signature hereto, I certify that I have read and understood this release, and agree to all. I further certify that I am at least eighteen years of age.**

SIGNATURE AND DATE.

*** If under 18, Signature of Guardian is also required with participant**

*** This form is good for the academic semesters of 2012 - 2013**