

Idaho State University Campus Recreation
SPORT CLUBS PROGRAM

Sport Club Membership Form

Member Information.....

Print Name: _____ Date of Birth: _____
Address: _____
Phone #: _____ Email: _____
Membership type (circle one): Student Faculty/Staff ISU Alumni High School Other
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.....

This affirmation and release was executed on the _____ day of _____ 20____ at
City of _____, State of _____, by _____
(Releasor), with the Bengal ID # _____, in favor of Idaho State University (ISU).

The Releasor wishes to participate in the _____ Sport Club
(official name of Sport Club you wish to join) sponsored by ISU and the Sport Clubs
Program (SCP). In consideration for the privilege of participating in this program, the
Releasor agrees to the following clauses:

1. Releasor certifies that he/she is physically capable of participation in the SCP and that he/she will take responsibility for physical illness and capability to perform under normal conditions of the SCP. Releasor agrees to get his/her physician's opinion prior to participating should any question arise as to the mental or physical capability of the Releasor to participate in the program.
2. Releasor realizes that participation in sports activities involves normal risks and danger. Consequently, while understanding that ISU has taken precautions to provide proper organization, supervision, and equipment for reasonable safety, Releasor assumes shared responsibility for safety while participating in the SCP. Pursuant to that shared responsibility, Releasor agrees to comply with the instructions and directions of ISU.
3. Releasor accepts responsibility to ensure that any equipment needed to participate in the SCP and used by the Releasor is safe and functioning properly and to refrain from causing loss or damage to the property of ISU. Releasor realizes he/she is solely responsible for any personal equipment, supplies, or property he/she may use during the course of the program.

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4. Releasor has hereby been aware that participation in the SCP has the following non-exhaustive list of particular risks: sprains, strains, contusions, abrasions, dislocations, concussions, internal injuries, broken bones, spinal injuries, paralysis, death (**handwrite these things here**):

5. Releasor hereby personally assumes all risks in connection with participation in the SCP and here by releases all instructors, agents, operators, and officials of ISU for any injury or damage which may befall the Releasor while participating in the SCP, and agrees to save and hold harmless ISU and any related persons from any claims by the Releasor, or his/her family, estate, heirs, or assigns, arising out of the Releasor's participation in the SCP.
6. Releasor is aware that if he/she provides a vehicle not operated by ISU for transportation to, at, or leaving the program site, or is a passenger in such a vehicle, ISU is not responsible for any damage caused by or arising from the Releasor's use of such transportation. Furthermore, Releasor acknowledges that he/she is solely responsible for any action he/she takes outside the scope of those actions licensed by ISU for purposes of the particular program or trip, regardless if occurring before, during, or after the period of activity.
7. Releasor agrees to allow ISU medical personnel, including the department athletic trainer, to provide appropriate medical treatment in the event Releasor sustains injury while participating in the SCP. Releasor agrees to report all such injuries to the department athletic trainer as soon as possible after the injury occurs. Releasor gives permission to the department athletic trainer to release any pertinent medical information to appropriate medical staff for referral purposes.
8. Releasor understands that participation in the SCP is voluntary and a privilege. As such, Releasor agrees to conduct him/herself in a manner worthy of positive representation of ISU, the Department of Campus Recreation, and the SCP. Releasor agrees to abide by the policies and procedures contained within the Sport Clubs and ISU Student Handbooks while participating in the SCP.

Releasor has read the forgoing clauses and understands the risks of participating in the SCP. Releasor agrees to participate in the program and to abide by the forgoing clauses while participating. Releasor understands that failure to abide by the clauses may result in his/her termination in the SCP.

Signature of Releasor: _____ Date: _____