



SPORT CLUB MEMBERSHIP FORM

Member Information

Print Name: _____ Date of Birth: _____

Address: _____

Phone: _____ Bengal ID: _____

Email: _____

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

The Member 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 Member agrees to the following clauses:

1. Member certifies that he/she is physically capable of participation in the SCP and that he/she will take responsibility for all illness and injury through his/her personal medical insurance. Member agrees to get his/her physician's opinion prior to participating should any question arise as to the mental or physical capability of the Member to participate in the program.
2. Member 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, Member assumes shared responsibility for safety while participating in the SCP. Pursuant to that shared responsibility, Member shall comply with the instructions and directions of ISU and its employees, representatives, agents, and volunteers.



SPORT CLUB MEMBERSHIP FORM

3. Member accepts responsibility to ensure that any equipment needed to participate in the SCP and used by the Member is safe and functioning properly and to refrain from causing loss or damage to the property of ISU. Member realizes he/she is solely responsible for any personal equipment, supplies, or property he/she may use during the course of the membership in the SCP.
4. Member is 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.
5. Member hereby personally assumes all risks in connection with participation in the SCP and releases all Idaho State University and their respective employees, representatives, agents, and volunteers (the Released Parties for any injury or damage which may befall the Member while participating in the SCP, and agrees to save and hold harmless the Released Parties from any claims by the Member, or his/her family, estate, heirs, or assigns, arising out of the Member's participation in the SCP.
6. Member is aware that if he/she provides a vehicle not owned by ISU for transportation to, at, or from the event site, or is a passenger in such a vehicle, ISU is not responsible for any property damage or bodily injury caused by or arising from the Member's use of such transportation. Furthermore, Member acknowledges that he/she is solely responsible for any action he/she takes outside the scope of those actions approved by ISU for purposes of the particular event or trip, regardless if occurring before, during, or after the ISU period of activity.
7. Member agrees to allow ISU medical personnel, including the department athletic trainer, to provide appropriate medical treatment in the event Member sustains injury while participating in the SCP. Member agrees to report all such injuries to the athletic trainer, safety officer, and Sports Club Director as soon as possible after the injury occurs. Member gives permission to release any pertinent medical information to appropriate medical staff for referral purposes.
8. Member understands that participation in the SCP is voluntary and a privilege. As such, Member agrees to conduct him/herself in a manner worthy of positive representation of ISU, the Department of Campus Recreation, and the SCP. Member agrees to abide by the policies and procedures contained within the Sport Clubs and ISU Student Handbooks while participating in the SCP.

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

Signature of Member: _____ Date: _____