

Sport Club Participation Waiver

I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby release and forever discharge Drake University and its employees, agents, officers, trustees, and representatives from any and all liability whatsoever (including all liability arising directly or indirectly from the actions of Drake University or its employees, agents, officers, trustees or representatives), for any and all damages, losses or injuries (including death) I sustain to my person or property or both, including but not limited to any claims, demands, actions, causes of action, judgments, damages, expenses and costs, including attorney fees, which arise out of, result from, occur during or are in any way connected, directly or indirectly, with my participation in the Event, or any travel incident thereto, unless any such damages or injury is primarily the direct result of a negligent act or omission by Drake University or any of its officers, employees or lawful agents and not caused in part by my own negligence.

I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby agree to indemnify, defend and hold harmless Drake University and its employees, agents, officers, trustees, and representatives from any and all liability (including all liability arising directly or indirectly from the negligence of Drake University or its employees, agents, officers, trustees or representatives), loss, damage or expense, including attorney fees, which arise out of, occur during or are in any way connected, directly or indirectly, with my participation in the Event, or any travel incident thereto, unless any such damages or injury is primarily the direct result of a negligent act or omission by Drake University or any of its officers, employees or lawful agents and not caused in part by my own negligence.

I recognize and acknowledge that Drake University does not carry health or hospital insurance that would provide insurance coverage for me in the event I should sustain an injury while participating in the Event. In the event of my injury, I authorize the Drake University representative to secure whatever treatment is deemed necessary by an attending physician.

In signing this document, I hereby acknowledge that I have read this entire document, that I understand its terms, that by signing it I am giving up substantial legal rights I might otherwise have and that I have signed it knowingly and voluntarily.

Print Name: _____

Signature: _____

Date: _____ Banner ID: _____

Emergency Contact: _____

Relationship to Participant: _____ Phone Number: _____