



Northeastern University Club Sports Acknowledgement of Risk and Informed Consent

I desire to participate in a Club Sport at Northeastern University. I am informed that this program is run with volunteer coaches/instructors (some of whom may even be team members). NU does not select the coaches/instructors and bears no responsibility for the conduct of the coach/instructor of the activity. In addition, the University is not responsible for transporting me to or from any destination while I am engaged in this activity. If my selected club sport activity entails transportation, whether by vehicle or otherwise, NU bears no responsibility to me for its provision or ensuring my safety or security while traveling. I understand that the Club Sport Program at NU is a voluntary association.

Acknowledgment of Risks

As a potential participant of the _____ Club Sport, I could possibly sustain injuries no matter how well conditioned I may be. Depending on the nature of the sport, injuries may be minor to fatal in nature. Some specific injuries that may be sustained by participants in physical activity associated with sports such as this one are as follows: stoppage of breathing, spine and neck injuries (either of which could result in paralysis), concussion, heart failure, broken legs, feet, ankles, toes or other bones, heat stroke, heat cramp, heat exhaustion, stroke, convulsion, unconsciousness, abrasions to limbs such as arms, legs and head, fainting, sudden illness, cramps, and loss of wind. With respect to water sports, there is also the risk of drowning.

Physical contact poses risks in Club Sport activities as well, even though it occurs regularly as an accepted part of the sport. The propensity for major injuries, such as injuries to the spinal column, broken bones, concussion and internal injuries to major organs increases in relation to the force of impact upon contact or collision. I understand the risk of injury due to the force of a collision. I realize that if I have physical problems such as a heart condition, hypertension, orthopedic problems, or other medical problems, I should consult a physician concerning any limits to my activity.

Informed Consent and Release

In consideration of Northeastern University providing support for this program and allowing me participate. I AM ASSUMING FULL RESPONSIBILITY FOR MY ACTIVITY while participating in the Club Sports Program, and I specifically assume the risk of negligence of others including Northeastern University, its employees, agents, officers or trustees. BY SIGNING THIS FORM, IT IS MY INTENT TO WAIVE MY RIGHTS TO MAKE LEGAL CLAIMS AGAINST OR TO SUE NORTHEASTERN UNIVERSITY, ITS AGENTS AND REPRESENTATIVES FOR DAMAGES AS COMPENSATION FOR ANY INJURIES SUSTAINED BECAUSE OF MY PARTICIPATION IN ITS ACTIVITY. IT IS MY INTENTION TO RELEASE NORTHEASTERN UNIVERSITY ITS AGENTS AND REPRESENTATIVES FROM LIABILITY TO ME BECAUSE OF MY VOLUNTARY PARTICIPATION IN THIS ACTIVITY.

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I certify that I am 18 years of age and have read this ACKNOWLEDGMENT OF RISK AND INFORMED CONSENT AND RELEASE and understand all of its terms.

Name of Participant (Print) _____ Date: _____

Participant's Signature: _____ NU ID #: _____

Age Today _____ Birth Date _____ Gender _____ Current Local Phone _____

Medical/Health Insurance Company's Name _____

Policyholder's Name _____ Emergency Contact _____

Emergency Contact Phone Number (s) _____

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Parent or Guardian must sign if participant is under 18

Parent's Name (Print): _____

Parent's Signature: _____ Date: _____