

**EASTERN MICHIGAN UNIVERSITY  
CLUB SPORTS 2024-2025 RELEASE  
OF LIABILITY FORM**

*(Mandatory) (Each individual turns one in with the roster)(Due 7 days before first practice )*

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CELL/HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

STUDENT EID #: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

STATUS: STUDENT \_\_\_\_\_ REC/IM MEMBER \_\_\_\_\_ OTHER \_\_\_\_\_

If STUDENT: FRESHMEN \_\_\_\_\_ SOPHTMORE \_\_\_\_\_ JUNIOR \_\_\_\_\_ SENIOR \_\_\_\_\_ GRADUATE STUDENT \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

CLUB SPORT: \_\_\_\_\_

Note: All EMU Rec/IM club sport participants must be currently enrolled at EMU or possess a current Rec/IM membership, if their club meets in the Rec Center. All club sport participants are required to complete this form.

ACKNOWLEDGEMENT OF PARTICIPATION STATEMENT AND RELEASE FORM

Participants in the Eastern Michigan University Club Sport's Program should be aware of the possible risks that are inherent in the nature of the activities. These risks include, but are not limited to, the potential for accidents or illness while traveling to and from events, as well as participating in the various club activities. Every attempt is made to minimize the existing risks through the use of proper sports equipment and sound safety practices. Safe facilities which are under the Rec/IM's control are utilized when possible. However, participants should realize these risks cannot be eliminated completely. If participants meet minimum physical and mental conditioning and follow safety procedures, the potential for mishaps is reduced. The Rec/IM strongly recommends that each club member have an annual physical examination and personal health and accident insurance. Eastern Michigan University's insurance coverage does not apply to Club Sport Program participants in any way.

I, (print name) \_\_\_\_\_, a member of (print club name) \_\_\_\_\_, a recognized student organization, sponsored by the Rec/IM Dept. at EMU, affirm that I am aware of my physical condition, that I am voluntarily participating as a member of the aforementioned club, that I am aware that such participation may result in possible injury, or even death, as a result of the nature of the sport, and that I am assuming any risk that may be involved in the sport. In addition, I do hereby release EMU, its Board of Regents, employees, and agents, of any and all responsibility of liability in case of any personal injury to me or event death, or damage to property of others caused by me while participating in the activities of the aforementioned club. Such participation will include practice, club functions, competition, and travel to and from all club activities. I further acknowledge that I am aware of insurance policies that are available to me, that I know and understand University policies and procedures, and that I will represent the University in such a manner that is expected. I have read and understand the above statements and will carry them out to my best abilities.

I am covered by a personal health insurance plan. Yes \_\_\_\_\_ No \_\_\_\_\_

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Participant's Signature & Date Signed

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Rec/IM Employee's Signature & Date Received