

**Arizona State University**  
**Assumption of Risk Statement**

*All participants must complete their sport club registration online, sign this Assumption of Risk Statement and pay the \$25 sport club fee per semester before they can participate.*

**Participant Name:** \_\_\_\_\_ **Affiliate ID:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**Assumption of Risk, Hold Harmless, Indemnity, and Release**

- I hereby declare that I am 18 years of age or older. **(If under the age of 18, you must have a guardian's signature and you must register at the SRC.)**

In this agreement, "ASU" means Arizona State University, the Arizona Board of Regents, the State of Arizona and their employees and agents. In consideration of my being allowed to participate in the Activities, I agree to the following:

- I am aware of the risks involved, including but not limited to: minor injuries such as sprains; major injuries such as heart attack or knee injuries; or catastrophic injuries such as death or paralysis; in these Activities. I am aware that unanticipated and unexpected events may occur during the Activities, including during transportation to and from the destination (if applicable), that may result in injury.
- I hereby agree to assume all risk associated with my participation in the Activities and to release, hold harmless and indemnify ASU and agree not to sue ASU for any illness or injury I sustain as a result of the Activities if the harm is not due to the negligence of ASU.
- It is my responsibility to obtain all necessary and prior permission or medical approval to participate in the Activities. If I have any concerns about my health or ability to participate, I agree to discuss my concerns with my physician before deciding to participate; and I hereby consent to the provision of emergency medical treatment to the extent that the treatment is necessary in the medical opinion of the doctor rendering treatment.

I understand and agree that my participation in these activities is voluntary and is not required by nor will it affect the evaluation or grade for any class in which I am enrolled at Arizona State University.

This Release, Indemnity, and Assumption of Risk applies to all events and occurrences associated with the Activities, including participation and observation.

**I consent to the provision of emergency medical treatment to the extent that the treatment is necessary in the medical opinion of the doctor rendering treatment.**

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

***If Participant is younger than 18 years old, Parent or Legal Guardian must also sign:***

*I/We hereby grant permission for our minor child to participate in the Activities under the conditions noted above acknowledging the conditions apply to Parent/Guardian as well as the Child.*

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_