



# Sport Club Membership Form & Assumption of Risk

First Name:	Last Name:	DOB:	Age:
Address Line 1:		Address Line 2:	
City:	State:	Zip Code:	
Phone:		Email:	
Emergency Contact 1:		Relationship:	Phone:
Emergency Contact 2:		Relationship:	Phone:

## Medical Questionnaire

- 1) Has anyone in your family died of heart-related complications before age 50?  YES  NO
- 2) Do you have any allergies?  YES  NO
- 3) Are you currently taking any medications, including herbal supplements?  YES  NO
- 4) Have you ever had any surgical operations?  YES  NO
- 5) Have you ever had trauma to your head?  YES  NO
- 6) Do you have, or have you had, any other general medical conditions?  YES  NO
- 7) Do you have, or have you had, any other orthopedic conditions?  YES  NO

Explain all YES answers: \_\_\_\_\_

In consideration of the opportunity to participate in this activity and program, I voluntarily agree to assume all risks involved in my participation. I understand and acknowledge there are inherent and unanticipated risks that may include but are not limited to: abrasions, contusions, strains, sprains, head injuries, paralysis, broken bones, risk of negligence from myself or other participants, and other foreseeable and unforeseeable risks of injury or death that may occur that ISU cannot specifically anticipate and list here. I verify I have no physical or mental condition which would endanger myself or others by my participation in this activity and that ISU takes no responsibility for verifying my physical readiness. I understand that the University does not require me to participate in the Sport Club Program, but I do want to despite the possible dangers and risks.

I acknowledge ISU does not provide health and accident insurance for participants and I agree to be financially responsible for my own medical expenses. I further agree that in the event of medical emergency medical treatment becomes necessary and I become unable to communicate, ISU staff or emergency medical personnel may authorize or conduct treatment or care on my behalf as appears reasonable under the circumstances.

I understand the participation in the Sport Club Program is voluntary and a privilege. As such, I agree to conduct myself in a manner worthy of positive representation of ISU, the Department of Campus Recreation, and the Sport Club Program. I agree to abide by the policies and procedures contained within the Sport Club and ISU Student Handbooks while participating in the Sport Club Program.

I also grant ISU the right to take and use photographs or video footage of me during this event for its educational or promotional purposes, including on university websites or on social media.

I have read, understood, and agree to the terms listed above. I understand that failure to abide by this agreement may result in termination of involvement in the Sport Club Program.

Printed Name

Name of Sport Club

Bengal ID

Signature

Date