



Member Information:

Name: _____ Campus ID# : _____
Last First MI

Address _____

City _____ State _____ Zip code _____ Phone # _____

Email Address _____

Check this box to be added to the University Recreation listserv []

Optional Demographic Information: Gender (check one) Male Female

Assumption of Risk

Because voluntary participation in recreational sports involves physical activity with risk of personal injury or damage to property, it is the policy of NC State University Recreation that all participants voluntarily and knowingly assume all risks associated with physical activity.

I understand that I am voluntarily participating in recreational activities at NC State Wellness and Recreation for my own personal benefit. I assume responsibility for all risks involved in aforementioned activities that have inherent dangers and hazards that no amount of care, caution, instruction, or expertise can eliminate. Risks may include, but are not limited to 1) minor injuries such as scratches, bruises, strains and sprains, 2) major injuries such as eye injury or loss of sight, joint or back injuries, cardiac events, and concussions 3) catastrophic injuries including paralysis and even death.

In consideration for being permitted to participate in these activities at NC State Wellness and Recreation, I agree to indemnify and hold harmless NC State, its trustees, officers, employees and agents from any liability arising from or proximately caused by my participation in these activities. I further agree to accept and assume for myself, my assigns, executors, and heirs any and all such risks and losses that may occur.

I also agree to maintain in force during the time period for which this pass is valid, a policy or policies of health and accident insurance covering hospitalization and treatment for any injuries sustained as a result of such activity.

I must comply with all departmental regulations and University rules or risk the revocation of this pass and any fee paid for this pass.

I AFFIRM THAT I AM OVER 18 YEARS OF AGE.

I HAVE READ AND I DO FULLY UNDERSTAND ALL OF THE ABOVE PROVISIONS AND AGREE TO BE LEGALLY BOUND BY IT.

Signature _____

Date _____