



ACKNOWLEDGEMENT OF PARTICIPATION STATEMENT AND RELEASE FORM 2016-2017

As a participant in the University of Wyoming Club Sports Program I am aware of the possible risks that are inherent in the nature of some of the sport activities offered. These risks include, but are not limited to death; serious neck and spinal injuries; broken leg, arm, back, rib; respiratory distress; lung damage; heart and related damage; hearing and sight damage and/or loss; muscle sprains and strains; which may result in complete or partial paralysis, concussion(s), brain damage, serious injury or impairment to other aspects of my body, general health and well being. Every attempt is made to minimize the existing risks through the use of proper sports equipment, safe facilities that are under the program's control, and sound safety practices. However, I realize these risks cannot be totally eliminated. If participants meet minimum physical and mental conditioning and follow safety procedures, the potential for problems occurring is reduced. The Club Sports Program strongly recommends that each club member has an annual physical examination and also carry personal health and accident insurance.

I, _____, a member of _____,
(Signature) (Name of Club)

a recognized Club Sports sponsored by the University of Wyoming Club Sport Program, 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 as a result of the nature of the sport, and that I am assuming any and all risks that may be involved in the sport including team travel. In addition, I do hereby hold the University of Wyoming, its trustees, employees, agents, representatives, agents and the State of Wyoming harmless from any and all liability, actions, causes of action, debts, claims, or demands of any kind and nature whatsoever or damages to property of others caused by me which may arise by or in connection with my participation in the aforementioned club sport and related activities. Such participation will include practice, club function, competition, and travel to and from all club activities. I further acknowledge that I am aware of insurance policies that are available to me through private and institutional means, that I know and understand club, the club sports program and university policies and procedures and that I will represent the club and university in a positive manner. By signing below, I declare that I have read and understand the above statements.

_____ Signature	_____ Date	_____ Phone Number
_____ Printed Name		_____ W#
_____ Address	_____ Zip Code	_____ Date of Birth
E-mail Address _____		Gender: _____

Year in School: 1 2 3 4 5 Other: _____ # of Years in Club: _____

Status: _____ Faculty/Staff _____ Student _____ /# of Credit Hours
I give permission to have the above information verified _____ yes _____ no

Are you covered by a personal health insurance plan? _____
If yes: Company _____ Policy # _____

In the Case of an Emergency Contact: _____ **Phone #** _____



PARTICIPATION AGREEMENT 2016 - 2017

As a participant in the University of Wyoming Club Sports Program, you are expected to represent the university in an appropriate manner at all times.

- Clubs and their individual members will face disciplinary action for any type of misconduct on or off campus while participating in any club related activity.
- There will be no use of alcohol or other drugs while participating in a club sport event on the UW campus or while traveling as a member of a club sport team.
- *Failure to comply with the above policies and procedures will result in disciplinary actions including suspension from participation in Club Sports.*

I have read and understand the above policies and procedures and agree to adhere to them.

Club

Name (Please Print)

Signature

Date

UNIVERSITY OF WYOMING CAMPUS RECREATION-CLUB SPORTS CONCUSSION ACKNOWLEDGEMENT FORM FOR CLUB PARTICIPANTS

Overview:

To be completed by all Club Sport Participants on an annual basis.

By signing below I acknowledge the following:

1. **I have received access to and have read the University of Wyoming Club Sports Concussion Protocol and the signs and symptoms of concussions via the Club Sports Website: <http://www.uwyo.edu/rec/club-sports/handbook-forms.html> and recognize that the information is available upon request in the Rec Sports Office: Half Acre Rm 223.**
2. I understand my role as a Club Sports Participant as outlined in the University of Wyoming Club Sports Concussion Protocol; and
3. I agree to follow the recommendations of the University of Wyoming Campus Recreation's athletic trainer(s) and/or personal physician(s) regarding the removal of Club Sport participants from play and their return to play.

Printed Name: _____

Signature: _____

Date: _____