



**SPORT CLUB PARTICIPANT
2009-2010 WAIVER AND HOLD HARMLESS**

I, _____, understand and agree that the **CYCLING CLUB** of Texas A&M University of which I am a participant involves certain risks and that regardless of the precautions taken by the Cycling Club some bodily injuries may occur.

Specific risks/hazards involved in the CYCLING Club include but are not limited to the following:

1. Vehicle accident traveling to and from the practices, games, scrimmages, tournaments and other events that can result in bodily injury and personal property damage
2. Injury from competitions and practices (including but not limited to broken bones, sprains, torn muscles and ligaments, contusions, abrasions, concussions and death)
3. Over-exertion injuries from activities (including but not limited to myocardial infarctions and strokes)
4. Temperature related injury (including but not limited to heat stroke, heat exhaustion, hyperthermia and hypothermia)
5. Injury from physical contact with competing sport teams and other participants, players and coaches
6. Injury from the use of sporting equipment

The likelihood of such injuries may be lessened by adhering to these safety rules or procedures:

1. Group should select driver using qualifications outlined on the Department of Rec Sports Driver Agreement Form
2. Wearing proper safety equipment in practice and competitions
3. Following instructions given by Sport Club officers, coaches and the Sport Club Staff
4. Following the recommendations, rules and procedures of the sports governing body
5. Promptly notifying Sport Club officers or Sport Club Staff of any dangerous or potentially dangerous condition of which I become aware during the event

A. Knowing this information, in consideration of my participation in the CYCLING Club of Texas A&M University, I **voluntarily, expressly and knowingly release, waive, discharge and agree to hold harmless** the CYCLING Club, its representatives, officers, advisors and agents; Texas A&M University, the State, its officers, volunteers and employees (herein collectively referred to as **RELEASEES**), from any and all liabilities, claims, demands, personal injury or death sustained by me while participating in any travel or activity conducted by, or under the auspices of, the CYCLING Club **including injuries sustained as the result of risks associated with this activity and/or the negligence of the RELEASEES.** I further acknowledge that the CYCLING Club and the University/State are separate legal entities and should be treated as such.

B. In addition, I understand and agree the CYCLING Club cannot be expected to control all of the risks articulated in this form but may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required during my participation with the understanding that the cost of any such treatment will be my responsibility. I understand that **neither the university nor the CYCLING Club carry medical or accident insurance** for the activities mentioned unless I am informed otherwise. As such, I am aware that I should review my personal insurance portfolio.

By signing below, I acknowledge that I have read the foregoing waiver and hold harmless agreement, understand it and sign it voluntarily as my own free act and deed. In addition, I acknowledge that I am eighteen (18) years of age or older and am otherwise competent to execute this agreement, or that my legal guardian is also signing. I execute this document for the consideration expressed, with a full understanding of its purpose.

Print Name: _____ <small>(First, Middle Initial, Last)</small>	Date: _____	Date of Birth: _____
Signature: _____	U.I.N (Student ID #): _____ - _____ - _____	
Local Address: _____ <small>(Street, City, State, Zip or Dorm)</small>	Gender (Circle one): M F	
Local Phone #: _____	Cell Phone #: _____	E-Mail: _____
Do you have a personal health insurance policy? _____ Yes _____ No		Class of _____
Health Insurance Carrier and Policy Number: _____		
Please list any special services you may require due to an existing medical condition, allergy, or physical disability: _____ _____		

In case of emergency, my parent or legal guardian is:		
Legal Guardian Signature (if under 18): _____		
Name: _____	Relationship to Participant: _____	
Phone: _____	Address: _____ <small>(Street, City, State, Zip)</small>	

This document collects personal information, therefore: (1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you.