

**CSUN SPORT CLUB
REGISTRATION/ WAIVER OF LIABILITY FORM**

Please print

Club: _____
Term: 20__ – 20__
Student ID# _____ Phone # () _____ - _____ Major _____
Last Name _____ Email Address: _____ Gender (male) (female)
First Name _____ Grade Level (fr)(so)(ju)(sr)(masters) Age _____

Health Insurance (y)(n) _____
Health Insurance Provider _____
Health Insurance Policy # _____

**ASREC SPORTS
RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISK AND INDEMNITY
AGREEMENT**

*In consideration of voluntary participation a/o being allowed to participate in the activities and programs of Sport Club Program, and to use its facilities a/o equipment, in addition to the payment of any fee a/o charge, I do hereby waive, release and forever discharge the Sport Club, ASREC Sports, Associated Students, Inc., California State University, Northridge and their respective officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any Sport Club activity including, but not limited to: try-outs, practices, competitions, meetings, travel, and social events.

*I understand that my membership and participation in the CSUN Sport Club Program is strictly voluntary, and that I assume the risk for harm or injuries caused by such participation. I have been strongly advised that I should have sufficient insurance coverage, whether it be through CSUN or personal or family basis.

WARNING PARTICIPATION IN PHYSICAL ACTIVITY MAY INVOLVE INCREASED RISK OF PERSONAL INJURY. I hereby acknowledge that participation in Sport Club activities often involve exposure to heightened risks of injury, minor to serious, including permanent disability a/o death. These types of injuries may result from my own actions or inactions of others, or a combination of both.

*IT IS RECOMMENDED THAT I CONSULT WITH A PHYSICIAN PRIOR TO PARTICIPATING IN PHYSICAL ACTIVITY. I do hereby declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent or impair my participation in any of the activities of the Sport Club Program, a/o use of facilities a/o equipment except as herein stated. I do hereby acknowledge that I have been informed of the recommendation for a physician's approval prior to my voluntary participation in any Sport Club activity. I also acknowledge that it has been recommended that I have a yearly, or more frequent physical examination and consultation with my personal physician as to physical activity, exercise, and use of facilities a/o equipment so that I might have recommendations concerning the usage of these activities and equipment. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate without the approval of my physician and do hereby assume all responsibility for my actions and physical conditions arising from any participation in any Sport Club activity, a/o use of facilities w/ the CSUN Sport Club Program.

Participant signature: my signature certifies that I understand and accept the conditions required for Sport Club Program participation listed above.

Signature: _____ **Date:** _____

Staff Initials _____ Date received _____