CONTAINS IMPORTANT TERMS – PLEASE READ CAREFULLY

This form must be completed before any participation in a WPI Club Sports Activity.

Recognizing the potential for serious injury while participating in the Worcester Polytechnic Institute Club Sports Program or student organization activity specified below, the undersigned hereby agrees to release, discharge, and indemnify WPI, its officers, trustees, employees, and/or agents from any liability, loss, or damage resulting from injury to person or property while participating in such program wherever occurring. The participant agrees that WPI, its officers, trustees, employees, and/or agents are released, discharged, and indemnified from all liability resulting from the negligence of WPI, its officers, trustees, employees, agents, and/or that of third parties.

In addition, the undersigned recognizes and understands as a participant in a club sport, student organization, or student activity as specified below, that there are inherent risks involved in such physical activity and use of related equipment such as to cause potential bodily injury. The undersigned acknowledges that there are such dangers and risks. By signing below, the undersigned acknowledges that he/she is physically and mentally capable of participating in all aspects of conditioning, training, practice, competition, and tournament play, directly or indirectly related to the WPI club sport(s) or student organization activity indicated below, and is knowledgeable about the proper use of related equipment. The undersigned also assumes responsibility for ensuring that such equipment meets minimum safety standards.

Lastly, the undersigned understands that there are standards associated with this activity which can be made available to him/her on his/her initiative from the group’s advisor, or Club Sports Department.

In signing these agreements the participants acknowledge that the above terms have been read and understood, and agree to be bound to them.

Participants Name (please print): __________________________________________

Club Sport(s) Involved In: ________________________________________________

Signature ___________________________ Date Signed: ________________________

Name of Insurance Carrier: ____________________________

Policy Number _______________________ WPI I.D. # ________________________

WPI Box # __________________________ e-mail: _____________________________

PLEASE NOTE: Injuries that require a physician’s consultation and/or hospital stay fall under the coverage of the student’s state-mandated primary insurance carrier. (All students must have this before enrolling at WPI). This is consistent with the procedure for all WPI students. DO NOT SEND ANY MEDICAL BILLS TO WPI AND/OR THE DEPARTMENT OF PHYSICAL EDUCATION AND ATHLETICS.

Club Sports & Recreation
2010 – 2011
Release from Liability