



EASTERN KENTUCKY UNIVERSITY
2007-2008 SPORT CLUBS
RELEASE & INDEMNITY AGREEMENT

As part of the consideration for participating in the EKU Sport Clubs program and for using the associated practice and playing facilities and equipment, and in consideration of the voluntary nature of such participation and use, I hereby release, hold harmless, and forever discharge Eastern Kentucky University, its employees and agents, from any and all liability, claims, demands, actions, and causes of actions whatsoever arising out or related to any loss, property damage, or personal injury, including death, that may be sustained by me or to any property belonging to me, while participating in such activity. Such participation includes practice, club functions, competition, and travel to and from all Sports Club activities.

I am fully aware of the risks and hazards associated with participation and use of the facilities and equipment. I hereby elect voluntarily to participate in said activities and fully acknowledge that the full responsibility for any risk or loss, property damage, or any personal injury, including death, that may be sustained by me or any loss or damage to property owned by me as a result of being engaged in such activities. I further acknowledge that I have procured on my own adequate insurance for such loss, damage, and injury. I further agree to indemnify and hold harmless the University, its employees and agents, from any loss, liability, damage or cost, including court costs and attorney's fees that they may incur due to my participation in said activities.

This release and hold harmless agreement is binding on myself, my heirs, assigns, and personal representatives. I acknowledge that I am at least 18 years old.

This the ____ day of _____, 20____

Club Participant's Name (Please Print)

Participant's EKU ID# Phone# Participant's Signature

Participant's Local Address Email

Gender: M ___ F ___ Class: FR ___ SO ___ JR ___ SR ___ G ___ F/S ___

Emergency Contact Information (Please do not list another teammate):

Name (Please Print) Relation Phone

Complete Address

Please List any Medical Conditions that May Effect your Participation on the Back of this Form.