Claremont Colleges 5C Club Sports

Waiver and Release of Liability and Medical Consent Form

This form should be submitted to Matt Ryan of CMS or Dominiqic Williams of Pomona-Pitzer during normal business hours. This form is a waiver and release of liability and medical consent. Every participant signing this form must read and understand prior to signing. Any participant who does not sign this form is not permitted to participate in any physical activity prior to doing so.

I acknowledge I have voluntarily chosen to participate in the above referenced activity and I have full knowledge of the risks this activity presents, including travel to, participation in, and returning from the activity. I am aware portions of this activity are not guided or supervised by the Claremont Colleges.

I understand by being permitted to participate in this activity, I agree to assume any and all risk of injury or death. I further understand and agree to assume responsibility for risk of theft, loss, or damage to my personal property, which may occur at any time arising out of my participation in this activity.

I understand and agree as a condition of participation in this activity, I will release from liability and will indemnify the member institutions of The Claremont Colleges, their officers, directors, agents, employees, assigns, successors, or lessors for any damage, injury, or death to myself or any other persons or property, in any way connected with my participation in this activity. I understand there exist specific hazards associated with this activity, to include injury and/or death, and I accept full responsibility for these hazards.

I have carefully read this agreement and fully understand all of its terms and conditions. I understand this is a release of liability, which could legally prevent me from filing a lawsuit or making any other legal claim for damages in the event of my death or injury. With this knowledge, I am entering into this agreement fully and voluntarily. I agree the agreement is binding upon me, my spouse, my heirs, my children including any guardian ad litem for the children, my assignees, and legal representatives.

I understand and agree by signing this waiver and release on behalf of my minor child that I am giving up the same rights for the minor as I would be giving up if I signed this document on my own behalf.

MEDICAL TREATMENT CONSENT: I, the person and/or legal guardian of the listed named, authorize The Claremont Colleges staff to seek medical treatment for the listed named, as they may deem necessary at any medical facility. I consent to any x-ray, anesthetic, medical, or surgical diagnosis or treatment and hospital care subsequently deemed necessary by a licensed healthcare provider. I understand this authorization is given in advance of any specific diagnosis, treatment, or hospital care and it is given to provide The Claremont Colleges staff authority to seek medical treatment, and to provide a licensed healthcare provider the authority to administer this treatment as he/she judges necessary to the listed named. I accept responsibility for the payment of all services rendered. I understand whenever possible, The Claremont Colleges staff will make a good faith effort to contact me before treatment is sought.

I understand and agree that I have read this entire waiver, release, and consent, have been provided with all necessary information, and I agree with the terms and conditions. The Claremont Colleges do not provide insurance coverage for club participants for injuries occurring while participating in play or practice of club/intramural activities. Any injury claim must be filed with the student's own group insurance. Prior to participation, participants must review their own private coverage and understand the coverage and limitations of their personal policy in regards to extracurricular activities. We, the undersigned, have reviewed our personal insurance policies and understand that the Claremont Colleges and the Club Sports Program are not responsible for any injury sustained by participants associated with the Club Sports Program.

DEFINITION OF TERMS: As used in this document, member institutions are defined as Claremont Graduate University, Claremont McKenna College, Claremont University Consortium, Harvey Mudd College, Keck Graduate Institute, Pitzer College, Pomona College and Scripps College.

Claremont Colleges 5C Club Sports

I acknowledge I have read the attached *Waiver and Release of Liability and Medical Release Form* and fully understand its terms. I affirm I am voluntarily participating in club sports and further acknowledge I know, understand, and appreciate the inherent risks associated with club sports. I assume full responsibility for any and all injuries or damages that may occur to me as a result of the inherent risks associated with the club.

Please Print Legibly

Print Name	Signature	Date
I I III I WIII C	Digitatui C	Bute