The Claremont Colleges Club Sport
Participant's Roster and Risk Acknowledgment
Consent to Participation and Release

SPORT:____________________________________ GROUP:_________________________________

REPRESENTATIVE:__________________________ BOX #__________ PHONE #_____________

We, the undersigned, wish to participate in the above named sport in The Claremont Colleges Club Sport Program during the academic year, 200__. We realize that there are risks involved in our participation, including transportation to and from competitions and/or practices and understand that the risks involved include a full range of injuries from minor to severe. We recognize the possibility that we might die, become paralyzed, or suffer other permanent disability as a result of our participation in this program. We agree to accept these risks as a condition of our participation. In consideration for receiving permission to participate in The Claremont Colleges Club Sport Program we hereby release The Claremont Colleges, its officers, trustees, employees, agents, and related parties (herein "Claremont"), from any and all liability for any loss, injury, or damage, including without limitation, any claim for personal injuries resulting from or arising out of the negligence of The Claremont Colleges in connection with our entering the Claremont Colleges athletic facilities for the purpose of participating in the club sports program. As members of this club sport team, we all agree to accept the responsibility of ensuring that only the undersigned members will participate in any practices, contests and activities, or be transported for any club sport function. We understand that failure to adhere to this policy will result in our team's immediate cancellation of the group and all privileges including, but not limited to, facility use, ASB funds and recognition by The Claremont Colleges. We, the undersigned, have reviewed our student insurance policies and understand that the benefits for which we qualify have limits and require payment of deductible and percentage of total costs.

NAME (PRINT)	SIGNATURE	DATE	SCHOOL

****Participant's Roster and Risk Acknowledge Consent to Participation and Release - Page #2**
Make Sure you have read risk acknowledgment on page #1 before signing.

SPORT - ______________________ **DATE___________________**

NAME (PRINT)	SIGNATURE	DATE	SCHOOL