



Northeastern University Club Sports Acknowledgement of Risk and Consent:

I desire to participate in a Club Sport at NORTHEASTERN UNIVERSITY. I understand that this program is run by volunteer coaches/instructors, some of whom may also be team members. NORTHEASTERN UNIVERSITY does not select the coaches/instructors and bears no responsibility for the conduct of the coach/instructor of the activity.

Acknowledgment of Risks

As a potential participant of the Club Sport, I understand that I could possibly sustain minor and/or catastrophic injuries which may result in death or disability. I should consult a physician prior to engaging in any Club Sport activities. In addition, NORTHEASTERN UNIVERSITY is not responsible for transporting me to or from any destination while I am engaged in this activity. If my selected club sport activity entails transportation, I acknowledge that I am responsible for such transportation, and NORTHEASTERN UNIVERSITY bears no responsibility for the provision of such transportation or ensuring my safety or security while traveling or at any location in connection with Club Sport activities.

Informed Consent and Release

In consideration of NORTHEASTERN UNIVERSITY providing support for this program, I ASSUME FULL RESPONSIBILITY FOR MY PARTICIPATION in any Club Sports activities and any and all injuries that may result therefrom. I understand that there may not be medical personnel available at the location of the Activity. I understand and agree that Northeastern is granted permission to transport me to a medical facility and to authorize emergency medical treatment, if necessary and that such action shall be subject to the terms of this agreement. I understand and agree that Northeastern University assumes no responsibility for any injury or damage which might arise out of, or in connection with such authorized emergency medical treatment. I represent that I have adequate health insurance necessary to provide for and pay any medical costs that may be incurred as a result of injury or illness during my Club Sport participation. I guarantee payment of all expenses incurred for transportation of participant to and receiving emergency medical treatment.

I hereby release NORTHEASTERN UNIVERSITY. Its officers employees agents and representatives from any and all liability arising from or in connection with my participation in any Club Sports activity

I am 18 years or older. I certify that I have read this ACKNOWLEDGMENT OF RISK AND INFORMED CONSENT AND RELEASE and understand all of its terms.

Name of Participant (Print) _____ Participant Signature: _____ Date: _____

Gender: _____ NU ID #: _____ Age Today: _____ Birth Date: _____

Phone #: _____ Medical/Health insurance Company's Name: _____

Emergency Contact: _____ Policyholder's Name: _____

Emergency Contact Phone Number(s): _____

Parent or Guardian must sign if participant is under 18:

Parent's Name (Print) _____ Parent's Signature: _____ Date: _____