

RELEASE OF LIABILITY

As a condition of my participation in Club Sports at Columbia University, and my use of the University's facilities in connection therewith, I hereby agree to release, indemnify, and hold harmless Columbia University in the City of New York and its trustees, officers, agents and employees, from any and all responsibilities or liabilities for injuries or damage incurred or suffered during my participation in any Club Sport activities, except for claims due to the gross negligence or willful misconduct of Columbia University in the City of New York and its trustees, officers, agents and employees.

I do hereby acknowledge that I have been informed of the recommendation for a physician's approval for my participation in any type of Club Sports activity. I acknowledge that I have either had a physical examination and have been given medical clearance to participate, or that I have decided to participate in a Club Sport activity without medical clearance, I hereby assume, knowingly and voluntarily, all risks of my participation in Club Sports activities.

2012-2013 Season

Club Sport

Print Name

Signature

School or University Affiliation

Class Year

Home Address

City, State, Zip Code

Date

UNI

CUID Number
(9-digit number on top right corner on back of CUID)

Phone Number

Email Address