



**AGREEMENT TO PARTICIPATE IN
INTERCOLLEGIATE ATHLETICS**

(Print) First	Middle	Last	Age	Sport(s)
Street Address			School Year	<u>FR SO JR SR</u> Please Circle
City	State	Zip	Banner ID	SSN

I am aware that playing, practicing, or training in any sport can be a dangerous activity involving **MANY RISKS OF INJURY**. I understand that the dangers and risks of playing, practicing, or training in the above sport include, but are not limited to, death, serious neck and spinal injuries, which may result in complete or partial paralysis or brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular-skeletal system, and serious injury or impairment to other aspects of my body, general health and well-being.

Because of the dangers of participating in the above sport, I recognize the importance of following all instructions by the coach.

In consideration of the Indiana University of Pennsylvania (IUP) permitting me to practice or play the above sport and to engage in all activities related to this sport, I hereby voluntarily assume all risks associated with participation and agree to exonerate, save harmless and release IUP, its agents, servants, trustees and employees from any and all liability, and medical expenses not covered by Indiana University of Pennsylvania’s athletic medical insurance coverage, and all claims, causes of action or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to the sport(s) indicated above.

The terms hereof shall serve as release and assumption of risk for my heirs, estate, executor, administrator, assignees, and all member of my family.

I hereby agree to submit any disputes that may arise between myself, its agents, servants, trustees, and employees, in connection with my activities at IUP, to binding arbitration before three arbitrators, in accordance with Rules of the American Arbitration Association.

Signature of Participant	Date
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*Note: Signature must be that of participant only, if 18 years of age or over, otherwise it must also be signed by BOTH Parents or Legal Guardians, if applicable.

Signature of Father/Legal Guardian	Printed Name	Date
Signature of Mother/Legal Guardian	Printed Name	Date
Signature of Witness	Printed Name	Date