The University of Wisconsin-Milwaukee
Department of University Recreation
Sport Clubs Program

Club Name: ________________________

Agreement for Assumption of Risk and Release

I, ________________________________________ (print name), age ________, desire to participate voluntarily in the above-stated sport club sponsored by the University of Wisconsin-Milwaukee (“UWM”) Department of University Recreation (the “Department”). This activity may include utilizing the fitness equipment or swimming pool, or participating in group exercise and sports competitions, at the Klotsche Center, Pavilion, Engelmann Gymnasium, Engelmann Field and/or any other facilities or outdoor spaces utilized by the Department for such programming. It may also involve utilizing transportation offered by the Department.

I UNDERSTAND THAT I AM BEING ASKED TO READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. I UNDERSTAND THAT IF I WISH TO DISCUSS OR NEGOTIATE ANY OF THE TERMS CONTAINED IN THIS AGREEMENT, I MAY CONTACT STEVEN MOHAR, DIRECTOR OF THE DEPARTMENT, AT TELEPHONE NUMBER 414-229-5087.

Assumption of Risks:
I understand that physical activity, indoor and outdoor, and travel/transportation, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but in each activity the risks range from: 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as fractures, internal injuries, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including, but not limited to, paralysis, death and drowning. I understand that UWM advises me to seek the advice of a physician before participating in this activity. I understand that UWM advises me to have health and accident insurance in effect and that no such coverage is provided for me by UWM or the State of Wisconsin as a result of my participation in such activity. I understand risks are inherent in the physical activities and programs, and travel/transportation that I undertake at UWM. I hereby assert that my participation is voluntary and I knowingly assume all such risks.

Signature: __________________________________ Date: ____________

Signature of Parent or Guardian* (if Participant is Under 18): __________________________ Date: ______________

Release:
In consideration of allowing me to voluntarily participate in the Department’s Sport Clubs Program, today and on all future dates, I, for myself, my heirs, personal representatives or assigns, agree to hold harmless and release the Board of Regents of the University of Wisconsin System, UWM, and their officers, employees, agents, and volunteers, from and against any and all claims, demands, actions, or causes of action on account of damage to personal property, personal injury, or death which may result from my participation in such activities and programs. This release includes claims based on the negligence of the Board of Regents of the University of Wisconsin System, UWM, and their officers, employees, agents, and volunteers, but expressly does not include claims based on their intentional misconduct or recklessness. I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue.

Signature: __________________________________ Date: ____________

Signature of Parent or Guardian* (if Participant is Under 18): __________________________ Date: ______________

*If your son, daughter or ward will be under 18 years old while participating in the Department’s Sport Clubs Program, it is our policy to request your agreement to the above terms, on behalf of your minor son, daughter or ward.