UW-Whitewater Club Sports
Participant Waiver Form

PLEASE USE PEN

Full Name: ________________________________________________________
First Name, Middle Initial, Last Name

Date of Birth: _________ /__________ /__________  Age: __________

Waiver is for the following academic year: ____________________ --- ______________
Waiver valid July 1 of the upcoming fall semester thru June 30 of the upcoming spring semester

Club Name: ________________________________________________________

This waiver form MUST be on-file with the Office of Recreation Sports & Facilities PRIOR to participating in any event on behalf of the club named above. Individuals must also acknowledge the statements below and sign this form in order for the form to be considered complete and valid. Other eligibility requirements may apply. Administrative staff reserves the right to deny eligibility if this, and any other form, is not legible.

Assumption of Risk
I understand not all risks can be foreseen and there are some risks which are unpredictable. I understand certain inherent risks cannot be eliminated regardless of the care taken to avoid injuries. I am aware of the risks of participation, which include, but are not limited to, the possibility of physical injury, fatigue, bruises, contusions, broken bones, concussion, paralysis and even death. I understand the university has advised me to seek the advice of my physician before participating in Club Sports events. I understand I have been advised to have health and accident insurance in effect and that no such coverage is provided for me by the University or the State of Wisconsin. I know, understand and appreciate the risks that are inherent to participating in the club named above. I hereby assert that my participation in voluntary and that I knowingly assume all such risks.

Hold Harmless, Indemnity and Release
In consideration of my participation in these activities, I, for myself, spouse, heirs, personal representatives, estate or assigns, agree to defend, hold harmless, indemnify and release the Board of Regents of the University of Wisconsin System, the University of Wisconsin-Whitewater, and their officers, employees, agents, volunteers and all others who are involved, from and against any and all claims, demands, actions or causes of action of any sort on account of damage to personal property, personal injury or death which may result from my participation in the above-named program. This release includes claims based on the negligence of the Board of Regents of the University of Wisconsin System, the University of Wisconsin-Whitewater and their officers, employees, agents and volunteers, but expressly does not include claims based on their intentional misconduct or gross negligence. I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue.

Consent for Emergency Treatment
I authorize the University of Wisconsin-Whitewater and its designated representatives to consent, on my behalf, to any emergency medical/hospital care or treatment to be rendered upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

By signing below, I acknowledge the contents of this form and am aware of/accept the risks affiliated with participating in the Club Sports program at the University of Wisconsin-Whitewater.

_______________________________________________________  ____________________
Signature          Date

_______________________________________________________  ____________________
Signature of parent or legal guardian       Date
If participant is under the age of 18, a parent or legal guardian must sign above
UW-Whitewater Club Sports
Member Information Form

PLEASE USE PEN

Complete reverse side of form

Full Name: ________________________________________________________
First Name, Middle Initial, Last Name

Gender: ___ FEMALE  ___ MALE  ___ TRANSGENDER FEMALE  ___ TRANSGENDER MALE  ___ NOT LISTED

Preferred Phone Number: ___________________________________________

Preferred Email Address: ___________________________________________
UW-Whitewater Email Address Preferred for Students

UW-Whitewater Student ID Number: ________________________________

Campus: ___ UW-W Main  ___ Rock County  ___ Other/Not Specified

Classification: ___ Freshman  ___ Sophomore  ___ Junior  ___ Senior
  ___ Grad School  ___ Faculty/Staff  ___ Community  ___ Other/Not Specified

NOTE: Coaches/Instructors/Volunteers MUST complete their form online – no paper form available

Graduation Semester: ____________________________________________
When you intend to graduate (list semester and year)

I am a: ___ New Club Member  ___ Returning Club Member

For Esports Members Only
Your Discord Username: ___________________________________________
Example: gamer#0001

How did you find out about Club Sports? Select all that apply.

___ Returning Member  ___ Campus Visit/Tour  ___ Class Presentation/Discussion/Assignment

___ Club Sports Awareness Day  ___ Club Sports Website  ___ Involvement Fair

___ Joined After Watching Club Event  ___ Campus Marketing Table  ___ Parent or Family Member

___ Posters/Digital Displays  ___ Roommate/Classmate  ___ Social Media

___ Williams Center Advertising  ___ Word of Mouth  ___ Other