

Club Sports Waiver of Liability And Release

Waiver of Liability And Release Club Sports

I have been informed and fully realize there are dangers and risks to which I may be exposed to while participating in the Lake Superior State University - University Recreation activities. I, the undersigned, hereby acknowledge that certain risks of injuries are inherent to participation in sports and recreational activities. These types of injuries may be minor or serious and may result from one's own actions, or the actions or inactions of others, or a combination of both. I understand the Lake Superior State University does not require me to participate in this activity, but I want to do so, despite the possible risks and this release.

I understand that certain rules and regulations are designed for the safety and protection of participants and hereby undertake to abide by these rules and regulations. I understand that failure to abide by these rules may result in loss of access or cancellation of my membership.

I understand that certain activities require a minimum level of fitness and health (physical, mental, and emotional) and that each person has a different capacity for participating in these activities. I hereby warrant being physically fit to participate and understand that the CHOICE to participate brings with it the assumption of those risks and results that are part of these activities.

I, therefore, freely and voluntarily agree to assume and take on myself all of the risks and responsibilities in any way associated with this activity. I release Lake Superior State University, its Board of Trustees, employees and agents from all liability, claims, and actions that may arise from injury or harm to me, from my death, or from damage to my property in connections with this activity. I understand that this release covers liability, claims, and actions caused entirely or in part by any acts or failures to act of Lake Superior State University, or any of its employees or agents, including but not limited to negligence, mistake, or failure to supervise.

I know that if I become ill or injured while participating in this activity, I am responsible for my health care expenses and I have made arrangements to handle such expenses through insurance coverage, access to cash, or other methods.

I assume full responsibility for any and all claims and costs arising directly or indirectly from any of my activities, acts, or omissions while participating in this activity.

I further release Lake Superior State University, its Board of Trustees, employees or agents from liability for any claim of loss, injury, or damage to me or my property due to any act, omission, or negligence of parties not an agent or employee of Lake Superior State University, including, but not limited to, owners or contractors providing accommodations or other services.

I consent to the use of my name, portrait, picture, photograph or video as part of the LSSU University Recreation Department. I hereby give LSSU, its employees, agents, successors, assigns and those acting with its permission or on its behalf, the right and permission to use, copyright, publish, republish and distribute any such recording, video or photographs of me. I understand that any such recording, videotape and/or photographs belong to LSSU and that I will not receive any payment or other compensation in connection with such recording, video or photographs or for any use of them by LSSU. I agree that LSSU may use such recording, video or photographs, in whole or in part, in any manner and in any media, including in composite, altered, or distorted form. I waive any right that I may have to inspect or approve the finished products or materials containing my likeness and/or voice, or the printed matter that may be used in connection with such recording, video or photographs.

These releases are effective for myself, my personal representative, assigns, and heirs.

I HAVE CAREFULLY READ AND UNDERSTOOD COMPLETELY THE ABOVE PROVISIONS, AND VOLUNTARILY SIGN THIS RELEASE.

Signature

By signing your full name below, you verify that you have carefully read and understand completely the contents, meaning, and impact of the Club Sports Waiver of Liability and Release and acknowledge you voluntarily do so by typing your name: [Required]

LSSU Student ID Number: [Required]

Are you at least 18 years of age? [Required]

If you are not at least years of age University Recreation will be in contact with you to receive a signed waiver from a legal guardian.

Valid input:

- Select only one choice.

[] Yes
[] No

Birth date: [Required]

Participants under the age of 18 must have a waiver signed by a parent or legal guardian below:

Concussion Awareness Information

University Recreation requires that its participants are all active in the awareness and risks that are associated with head injuries and concussions. It is the role of the whole University Recreation program including, professional staff, student staff, and participants to serve an active role in concussion prevention, recognition and treatment.

A concussion is a brain injury altering brain functions typically for a temporary amount of time. A concussion can occur from any hit to the body or head. It typically occurs when a forceful blow results in rapid head movement resulting in brain function alterations. If anyone is suspected of sustaining a head injury/concussion, activity should be stopped and medical treatment should be pursued.

Signs and symptoms of a concussion can occur immediately or hours later, and can include the following:

Headache
Dizziness, lightheaded
Nausea, vomiting
Dazed, glazed appearance
Lack of coordination or balance
Feeling of being in a fog
Emotional changes (e.g. both happy and sad)
Amnesia (memory loss either after the event and/or prior to the event)
Slowed response time (verbal or physical)
Disorientation, confusion
Altered vision (e.g. blurry vision or double vision)
Dilated or unequal pupils
Sensitivity to light
Auditory changes (e.g. sensitivity to sound, ringing in the ears)
Difficulty concentrating, recalling information
Concussion Identification Information

Review and be aware of the Concussion Awareness Information at the link below:

<https://www.lssu.edu/university-recreation/headsup/>

By signing your full name below, you verify you have carefully read and understand the Concussion Awareness Information listed above: [Required]

Anti-Hazing Agreement

Michigan Hazing Law

Hazing occurs when you intentionally, knowingly or recklessly do something to another person that you know or should know may endanger the physical safety or health of that person for the purposes of pledging, joining, participating in, or maintaining membership or office within an organization, such as a fraternity, sorority, association, honor society, club, service group, social group, or athletic team. It does not matter if the other person consents to the activity or willingly participates in the activity.

Lake Superior State University Hazing Policy

Since the time of its founding, Lake Superior State University's primary goal has been to provide excellent instruction and an educational environment which will produce broadly educated responsible citizens who are prepared to serve and to lead in society. Academic instruction and co-curricular activities couple to meet the goals of Lake Superior State University. All members of the University community must be provided the opportunity to function to the best of their individual abilities. One activity that has been an inhibiting factor in achieving the above stated purpose is the practice of hazing. Although hazing has concentrated itself in the social Greek community, other recognized student organizations are not untouched by this unacceptable practice. Therefore, this policy shall apply to all organizations and clubs at Lake Superior State University.

Hazing defined at Lake Superior State University:

Committing any intentional, knowing or reckless act, occurring on or off the Lake Superior State University campus, by one person alone or acting with others, directed against a student, that endangers the mental or physical health or safety of a student for the purpose of pledging, being initiated into, affiliating with, holding office in or maintaining membership in any organization or athletic team whose members are or include students at an educational institution. A person commits an offense if the person engages in hazing, encourages another to engage in hazing, knowingly permits hazing to occur or has knowledge of hazing and fails to report said knowledge to an appropriate official of the university. It should be noted that it is not a defense to prosecution of an offense that the person against whom the hazing was directed consented to or acquiesced in the hazing activity.

Lake Superior State University will not condone or tolerate any acts of hazing, harassment or humiliation. Any such acts which interfere with scholastic activities, which are not consistent with fraternal law, state or federal law, or the University regulations and policies are expressly forbidden. Students or organizations found responsible for any infractions are subject to disciplinary action.

Anti-Hazing Agreement

We the undersigned, certify the following:

1. We have read AND understand the Lake Superior State, State of Michigan's, and our National (if applicable)

Organization's Hazing Policy.

2. We verify that this policy has been read to our organization.

3. We verify that all new members will receive a copy of this policy.

4. We verify that all activities sponsored or required by our organization, in whole or part, comply with this policy.
5. Failure of my organization to uphold this policy, in whole or part, will result in the referral of my organization and any individual members involved for disciplinary action.
6. Furthermore we understand that if a hazing incident should occur, the president and any individual member(s) involved (if applicable) who takes part in the hazing activities may be referred to the Office of Campus Life for violating the Student Code of Conduct.

By signing your full name below, you verify you have carefully read and understand the Anti-Hazing Agreement found above.

Personal Information:

Mark all club sport teams that you are a member: [Required]

- Men's Ice Hockey
- Men's Soccer
- Women's Soccer
- Women's Softball
- Bass Fishing
- Paintball
- Fencing
- MMA
- Lacrosse
- Other

Participant Contact Information: [Required]

Valid input:

- must be 10-15 digits long and may include only numbers, hyphens, and spaces.
- name@myschool.edu

First name:

Middle initial:

Last name:

Email address:

Phone number:

Address:

City:

State:

ZIP:

Medical conditions:

Allergies:

Medications:

Emergency Contact Information:

Emergency Contact Information

Valid input:

- must be 10-15 digits long and may include only numbers, hyphens, and spaces.
- name@myschool.edu

First name:
Middle initial:
Last name:
Email address:
Phone number:
Address:
City:
State:
ZIP:

Emergency Contact Relationship: