

# Club Sport Registration



Department of Campus Recreation

Club Sport: Women's Lacrosse Semester:  Fall  Spring

Please Print Clearly In Ink

Name: \_\_\_\_\_ CWID: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First MI

Local Address: \_\_\_\_\_  
Street City State Zip

Give only Local Address OR Campus Residence

Campus Residence: \_\_\_\_\_  
Campus Residence Box Number Room Extension

Mobile Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  Male  Female

Affiliation:  SOL  SPP  GSBM  GSEP  Seaver  University

University Status:  Freshman  Junior  Grad Student  Fac/Staff Full-time  Other  
 Sophomore  Senior  Crest  Fac/Staff Part-time \_\_\_\_\_

Membership Type:  Try-Out  Fall  Spring  Practice Only

## Parent/Guardian/Emergency Information

Full Name: \_\_\_\_\_ Relation to Self: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

## Do you have Personal Medical Information: (Please present your insurance card for copying)

Do you have medical insurance?  Yes  No

Do you have Pepperdine medical insurance?  Yes  No

Insurance Company: \_\_\_\_\_ Group #: \_\_\_\_\_

Policy Holder's name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Allergies/Medications/Medical Conditions: \_\_\_\_\_

### For Office Use Only:

Receiving Staff: \_\_\_\_\_ Date Received: \_\_\_\_\_

Acknowledgement and Release Form:  Complete  Incomplete Date Received: \_\_\_\_\_

Insurance/Medical Information:  Complete  Incomplete Date Copied: \_\_\_\_\_

Pepperdine ID Copied:  Complete  Incomplete Date Copied: \_\_\_\_\_

Payment #1: Received by: \_\_\_\_\_ Date Received: \_\_\_\_\_

Cash  Check  VISA/MC  Approved Payment Plan (Date Submitted: \_\_\_\_\_)

**\$250**

Amount Due: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Receipt #: \_\_\_\_\_

Payment #2: Received by: \_\_\_\_\_ Date Received: \_\_\_\_\_

Cash  Check  VISA/MC  Approved Payment Plan (Date Submitted: \_\_\_\_\_)

Amount Due: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Receipt #: \_\_\_\_\_

Payment #3: Received by: \_\_\_\_\_ Date Received: \_\_\_\_\_

Cash  Check  VISA/MC  Approved Payment Plan (Date Submitted: \_\_\_\_\_)

Amount Due: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Receipt #: \_\_\_\_\_

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## Club Sports Assumption of Risk, Waiver of Liability, Indemnity, and Terms of Participation



Department of Campus Recreation

In consideration of my participation in the \_\_\_\_\_ Club Sports Program (the "Program"), I, for myself, my heirs, personal representatives or assigns, agree as follows:

**ASSUMPTION OF RISK:** I understand and acknowledge that my participation in the Program involves many significant risks. These risks include, but are not limited to: 1) minor injuries such as scratches, cuts, bruises, blisters, pulled or torn muscles, fatigue, dehydration, and sunburn to 2) major injuries such as eye injury or loss of sight, joint or back injuries, broken bones and fractures, heart attacks, concussions, and emotional distress to 3) catastrophic injuries including disfigurement, paralysis, and even death. **Nonetheless, I acknowledge that my participation in the Program is voluntary and that I assume all risks, whether known or unknown.**

**WAIVER OF LIABILITY:** I release, waive, discharge, and covenant not to sue, Pepperdine University, its Board of Regents, directors, officers, employees, agents, or volunteers and all of their affiliates (collectively the "University") from all liability to me that may be caused by any act, failure to act or negligence by the University, myself, or any third party, the condition of the premises or of any equipment used, travel to or from the Program, or from the unavailability or inadequacy of emergency medical care. I understand that I am waiving my rights to recover all damages from the University for any physical or mental injury (including death), social and economic loss, and damage to or loss of property, relating to or arising out of my participation in the Program.

**DEFEND, INDEMNIFY AND HOLD HARMLESS:** I agree to defend, indemnify and hold the University harmless from any and all claims, actions, suits, judgments, costs, expenses, damages and liabilities, including attorney's fees, which in any way relate to or arise from my participation in the Program. If the University incurs any of these types of expenses, I agree to reimburse the University.

**MEDICAL CONSENT:** I have read this agreement and understand that there are risks associated with my participation in the Program. I understand that I should obtain a physical examination and permission from my physician prior to my participation in the Program. In the event of a medical emergency, I consent to medical treatment where I am unable to consent to such treatment. I will be financially responsible for any costs of such treatment. I agree that I will not hold the University responsible for any claims resulting from medical treatment.

**INSURANCE:** I understand that the University does not carry medical or accident insurance for those participating in the Program. I certify that I have adequate health and accident insurance. If my insurance coverage becomes inadequate, or if coverage terminates, I agree not to participate in the Program.

**ACKNOWLEDGEMENT OF POLICIES AND PROCEDURES:** I agree to abide by the following policies and procedures:

1. I understand that my team must stay within our budget.
2. I understand that if my team spends beyond the limits of the budget, so that the account balance is negative at the end of Pepperdine University fiscal year, July 31, 2016, the total debt may be evenly distributed to all members and charged to my personal Pepperdine student account.
3. I understand that if I am suspended or removed from my team for any reason, I am still accountable to this agreement.
4. I understand that I am expected to comply with and uphold all rules and regulations set forth by the Department of Campus Recreation, Student Affairs and Pepperdine University.
5. I understand that unsportsmanlike conduct including aggressive bodily contact or assault (Intentional fighting) and/or inappropriate and/or otherwise abusive language and/or threats of any kind will not be

tolerated during any competitive program sponsored by the Department of Campus Recreation. (This includes any threats carried out before, during, or after any event at home or away.)

6. I understand that any consumption of alcohol and/or any other illegal substance before, during, or immediately after any event/competition on or off campus is strictly forbidden and is inappropriate and may result in Campus Recreation or University disciplinary actions against myself and/or my club.
7. I understand that there are other rules and restrictions put forth by the Sports Club Executive Council, the Department of Campus Recreation and Pepperdine University.
8. I verify that all the information given on this form is current and correct to the best of my knowledge, and if any of this information changes I will notify the Department of Campus Recreation within one business day.
9. I understand that all information on this form will be stored in the Office of Campus Recreation, except during home and away events, when all information will be with the club officers or other designee of the Department of Campus Recreation.
10. I understand that all confidential information will only be released in the event of an emergency to the person/persons listed on this form or to emergency medical personnel. I authorize Campus Recreation and/or Pepperdine University to notify the person/persons listed on this form in case of an emergency.

**PREREQUISITE SKILLS AND TRAINING:** I acknowledge that I have the requisite skills, qualifications, physical ability, and training necessary to properly and safely participate in the Program. I agree that if I have any questions as to what skills, qualifications or training is necessary to properly and safely participate in the Program, I will ask the staff of the Program or not participate in the Program.

**TERMINATION OF PARTICIPATION IN PROGRAM:** I further understand and acknowledge that my participation in the Program is a privilege, not a right. This privilege may be revoked or terminated at any time.

**PHOTOGRAPH RELEASE:** I hereby authorize the University and its associates or assignees, or anyone acting under its authority or permission, the irrevocable and unrestricted right and permission to:

- a) Record my participation and appearance on a video tape, audio tape, photograph, digital, electronic or any other medium.
- b) Use my name, likeness, voice and biographical material in connection with these recordings.
- c) Use, reproduce, exhibit or distribute in any medium (e.g., print publications, video tapes, CD-ROM and Internet) these recordings in whole or in part for any purpose that the University, and those acting pursuant to its authority, deem appropriate, including promotional or advertising efforts.

I waive any right that I may have to inspect or approve the finished product or products that may be used in connection therewith or the use to which it may be applied.

I release, discharge, and agree to hold harmless the University, its heirs, legal representatives, and assigns, and all persons acting under its permission or authority, or those for whom they are acting, from liability by virtue of any distortion, alteration, inaccuracy, whether intentional or otherwise, that may occur or be produced in the recorded presentation material or in any subsequent processing thereof, as well as any publication thereof, including without limitation any claims for libel, slander, false light, or invasion of privacy. I understand that all such recordings, in whatever medium, shall remain the property of the University and that I am not entitled to any compensation from the University for use of the recordings.

**SEVERABILITY:** If any provision of this document is determined to be illegal, invalid or otherwise unenforceable, then to the extent necessary to make such provision legal, valid or otherwise enforceable, such provision will be limited or severed from this document, and the remaining portions of this document agreement will survive in full force.

**ACKNOWLEDGMENT OF UNDERSTANDING:** I am 18 years or older. I have read this agreement, fully understand its terms, and that I am giving up substantial rights, including my right to sue and recover damages. I acknowledge that I am signing the agreement freely and voluntarily, and intend that my signature indicates a complete and unconditional release of all liability to the greatest extent allowed by law.

Name: \_\_\_\_\_

CWID: \_\_\_\_\_

Local Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Emergency Contact (Name & Phone): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**CONSENT AND RELEASE ON BEHALF OF MINOR**

I am the parent or legal guardian of the above named minor. I consent to the minor participating in the Program. I have read and understand that the above agreement involves surrendering substantial legal rights of the minor and myself. I agree to be bound by all terms of the above agreement.

Signature of Minor's Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

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