



LOYOLA MARYMOUNT UNIVERSITY

**Department of Campus Recreation
Club Sports Student Release Form**

Club Name: _____

Player Name: _____

Year of Participation: _____

I hereby agree to indemnify and hold harmless Loyola Marymount University, its officers, directors, trustees, agents and employees from and against any losses, costs, damages and expenses, including attorney's fees, arising out of or resulting from claims or suit by, or on behalf of any person, for any injury to my person or others occurring during the course of my participation in the activity listed above, alleged or claimed to have been caused, in whole or in part of contributed to, by any act of omission of any of the indemnities or any other person.

I am aware of my physical condition. I am voluntarily participating in the activity and I am aware that such participation could result in possible injury, as a result of the nature of the activity. I am assuming any risks that may be involved in this activity. I know of no reason, physical or otherwise that I am not able to participate in this activity.

I understand that Loyola Marymount University urges each participant to secure insurance coverage, which extends to him or her while participating in the above activity. Loyola Marymount University does not provide such coverage and I acknowledge that any and all medical costs relating to any injury, illness or mishap, which may occur as a result of my participation in this activity, will be my responsibility.

Club Sports Medical Insurance Coverage

Player's Name

Player's Signature

Policy Holder's Name

Player's University ID #

Insurance Carrier

Policy/Group Number

If the student is not 18 years of age or older, the signature of the student's parent or guardian is required.

Parent or Guardian Name

Parent or Guardian Signature

Date