

Recreational Sports Department 225 Cajundome Boulevard Lafayette, LA 70506 Office: (337) 482-6159 Fax: (337) 482-6278

Club Sports Waiver, Release, & Hold Harmless Agreement

_, the undersigned, affirm that I am participating voluntarily in

Finit Name (write legibly)						
	at the Unive	ersity of Lou	isiana at La	fayette as a	a:	
Club Sport (write legibly)						
Club Member				Coach (Volunteer/Paid)		
I (together with my parent or guardian, if I am agree, on behalf of myself and my heirs, assign						
I acknowledge that participating in the above rand that injuries, death, property damage or of any injuries, damages, or harm which arise on the caused in whole or in part by the negligent of Louisiana, and/or its or their departments, the Parties"). Rec Sports strongly recommends the personal health and accident insurance.	ther harm could oc during or result from ce or other fault of crustees, affiliates, e	cur to me on m my partici The Univers employees, o	r others. I ad pation in th ity of Louisi officers, age	ccept and vecept and v	voluntarily incur all risks regardless of whether or ustees of the University urers ("Released	
I waive all claims against any of the Released P unknown, which arise during or result from my of whether or not caused in whole or in part by discharge the Released Parties from all such cla	y participation and y the negligence or	travel that n	nay be asso	ciated with	the activity, regardless	
I agree to indemnify and hold the Released Par (including but not limited to reasonable attorn Released Parties as a result of any claims or su of the Released Parties to recover any losses, I participation In the activity, regardless of whet Released Parties.	eys' fees and other its that I (or anyone iabilities, costs, dar	litigation co claiming by nages, or ex	osts and exp y, under or t penses which	enses) inc through me ch arise du	urred by any of the e) may bring against any ring or result from my	
I have carefully read and reviewed this waiver, voluntarily.	. Release & Hold Ha	rmless Agre	ement. I un	derstand it	t fully and I execute it	
Executed this _	day of		,20			
Participant Signature		ULI	D Number a	and CLID		
Parent or Guardian Signature (if under 18)		Par	ent/ Guard	ian Printed	l Name	
Email Address	Phone Number					
Classification (please circle one): Freshman	Sophomore	Junior	Senior	Grad	Faculty/Staff	
Date of Birth:						