

DICKINSON COLLEGE
DEPARTMENT OF PHYSICAL EDUCATION
DIVISION OF RECREATIONAL SPORTS

Name _____ Age _____ Club _____

I am engaged or about to be engaged in the Dickinson College Sports Club Program. I hereby acknowledge that I am participating voluntarily in club activities with the full realization that this activity involves a significant risk of bodily injury or damage to property of myself and others.

I certify that procurement of Dickinson College Health Insurance (policy no.: _____) and/or additional coverage by a medical insurance company (name of company and policy no.: _____) has been arranged for. I agree that I am to accept all costs arising out of bodily injury or property damage sustained through participation in sport club activities in excess of these policy limits, recognizing that any medical expenses or any other costs will not be assumed by Dickinson College.

I agree that in exchange for the privilege of participating, I release, waive, and discharge any right to institute a lawsuit against Dickinson College, its officers, agents, or employees for bodily injury, damage to my property, or wrongful death that might arise out of my participation in this sport club, including but not limited to travel. It is my intention by signing this release to certify that I am fully responsible for my participation in activities of the club and therefore hold harmless Dickinson College.

I hereby certify that I voluntarily sign this release, that I have read all of its provisions, and fully understand its significance.

Signature

Date

