

**AGREEMENT TO PARTICIPATE
ATHLETIC DEPARTMENT**

(THIS FORM MUST BE SIGNED BY THE PARTICIPANT, AND ALSO BY A PARENT/GUARDIAN IF THE PARTICIPANT IS UNDER AGE 21)

ATHLETE'S NAME _____ SPORT(S) _____

HOME ADDRESS _____

I AM AWARE THAT PLAYING OR PRACTICING IN ANY SPORT CAN BE A DANGEROUS ACTIVITY INVOLVING MANY RISKS, INCLUDING INJURY. I UNDERSTAND THAT THE DANGERS AND RISKS OF PLAYING OR PRACTICING IN ANY SPORT INCLUDE, BUT ARE NOT LIMITED TO: DEATH, SERIOUS NECK AND SPINAL INJURIES WHICH MAY RESULT IN COMPLETE OR PARTIAL PARALYSIS OR BRAIN DAMAGE, SERIOUS INJURY TO VIRTUALLY ALL BONES, JOINTS, LIGAMENTS, MUSCLES, TENDONS AND OTHER ASPECTS OF THE MUSCULAR-SKELETAL SYSTEM AND SERIOUS INJURY OR IMPAIRMENT TO OTHER ASPECTS OF MY BODY, GENERAL HEALTH AND WELL BEING.

IN CONSIDERATION OF THE COLLEGE PERMITTING ME TO PRACTICE, PLAY OR TRY OUT FOR THE COLLEGE'S TEAM(S) AND TO ENGAGE IN ALL ACTIVITIES RELATED TO THE TEAM, INCLUDING PRACTICING, PLAYING AND TRAVELLING, I HEREBY VOLUNTARILY ASSUME ALL RISKS ASSOCIATED WITH PARTICIPATION and agree to exonerate and save harmless the College, its Trustees, Officers, faculty, employees, representatives, agents, the athletic staff of the College, the physicians and other medical practitioners treating me, or anyone connected with the College sport(s), or their heirs or estates (collectively referred to hereinafter as the "University"), from any and all liability, claims, causes of action or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to the College sport(s) team(s) including, without limitation, the risk of any negligence or recklessness or failure to act, by other participants or others, and the risk of injury caused by the condition of any property, facilities or equipment used during the above sport(s), and I agree to waive, renounce, and release, on behalf of myself, my heirs and my estate, any claim against the "University" alleged to be caused by such negligent or reckless actions, or failure to act, or the condition of any property, facilities or equipment used during the above College sport(s).

I am in good health, have no physical conditions that affect my ability to travel and/or participate in any of the activities involved in the above College sport(s), and have not been advised otherwise by a medical practitioner. In this regard, I have completed an Insurance Confirmation and Medical Information Form. In addition, I certify that I have health insurance which affords coverage for sickness and accident expenses, and agree that the "University" is in no way responsible for any such costs of medical care.

I also grant to the "University" full authority to take whatever action it deems is warranted under the circumstances regarding my health or safety in connection with my participation in the above College sport(s), including the providing of emergency first aid, medication, medical treatment or surgery deemed necessary by medical personnel. This authority will permit the "University", at its discretion, to place me, at my expense, in a local hospital for medical services and treatment, or, if no hospital is available, to place me in the hands of a local medical doctor for treatment. I also authorize medical personnel to execute any documents relating to medical attention and to act on my behalf, if I am unable to do so.

Because of the dangers of participating in the above sport(s), I agree that at all times I will follow the directions of the athletic staff or other "University" personnel in all matters in connection with said sport(s) including, but not limited to, instructions regarding playing techniques, training, rules of the sport, and other team rules. The "University" reserves the right to suspend or terminate my participation in this Program for failure to maintain the standards of Long Island University or if my acts, words or conduct are deemed detrimental to, or incompatible with, the interests, purpose or welfare of the College sport(s) or of the "University".

This Waiver is a legally binding agreement and will be construed broadly. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and all members of my family. Any provisions found to be void or unenforceable shall not affect the validity or enforceability of any other provisions.

I hereby agree that any disputes that may arise between myself and the "University" in connection with my activities at the College, shall, at the option of the "University", be submitted to binding arbitration in accordance with the Rules of the American Arbitration Association or to a court of competent jurisdiction.

I have read this document and I understand its content. I understand that by signing below, I have given up substantial rights. I have voluntarily signed this release.

(Signature of Participant)

(Print Name of Participant)

(Date)

PARENT/GUARDIAN SIGNATURE FOR MINORS (UNDER 21 YEARS OLD)

As the parent/guardian of the above-named Participant, I agree to the terms and conditions contained in this Waiver & Release Form, and I assume responsibility for the actions or inactions of the Participant.

(Signature of Parent/Guardian)

(Print Name of Parent/Guardian)

(Date)