

Please read this form carefully and be aware in registering yourself in this program, you will be waiving and releasing all claims for injuries you might sustain arising out of this program.

Sport Club: \_\_\_\_\_

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

Student ID Number: \_\_\_\_\_

Local Address, heD\_\_ with such program.

I hereby release, defend, hold harmless and defend Western Illinois University, Board of Trustees of Western Illinois University, its agents, servants and employees from any and all claims resulting from injuries or damages sustained by me or arising out of, connected with, or in any way (e o) related to my participation in this program. I have read and fully understand the Release of All Claims.

\_\_\_\_\_  
Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Western Illinois University is an institution which expects high academic achievement and responsible behavior from its students. The University has forbidden in its Student Conduct Code and unconditionally opposes any situation intentionally created to produce mental or physical discomfort, embarrassments, harassment or ridicule. Every student should be free from the humiliation and danger of hazing on this campus. Any violation of this guarantee should be reported immediately to one or more of the following offices: Office of Campus Recreation, Office of Student Activities, or Office of Judicial Affairs.

As a Club member, I acknowledge my awareness of the position of the University and my Club regarding hazing, and pledge that I will not engage in hazing and I will work to eliminate All forms of hazing practices discovered within my organization. I further acknowledge my responsibility to uphold all other rules and regulations of the University.

Club Member: \_\_\_\_\_ D

ate: \_\_\_\_\_

Club Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_