

CLUB SPORTS ASSUMPTION OF RISK

This document is to be completed by all visiting teams, coaches, and participants.

Assumption of Risk: For and in consideration of permitting myself to enroll in and participate in George Mason University's club, intramural and/or recreational sports (herein after collectively referred to as "University Recreation – Club Sports"), I hereby understand all the potential dangers and causes of personal harm in participating, engaging, playing, observing, and traveling to any University Recreation – Club Sports program. Participating in University Recreation – Club Sport programs carry certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks include, but are not limited to scratches, bruises, sprains, broken bone(s), loss of sight, internal and external organ damage or loss, loss of digit(s) and/or limb(s), brain damage, spinal cord and neck injury, paralysis and death. Knowing very well such dangers, I ASSUME ALL RISK in participating in University Recreation – Club Sport programs.

I also understand and agree that participating in Recreational Activities may involve being in proximity to other individuals and coming into contact with surfaces that have been touched by other individuals, which may result in contracting a communicable disease, including but not limited to COVID-19. By participating in Recreational Activities, I acknowledge and assume this risk. Additionally, I agree to follow all guidelines, instructions, and signage regarding limiting the spread of communicable diseases (e.g., social distancing, limiting occupancy, face coverings). I also agree to refrain from participating in Recreational Activities if you are symptomatic of or have reason to believe that you have been exposed to a communicable disease.

I also understand that George Mason University ("Mason") may also provide an Athletic Trainer who will be present during the game or competition to provide onsite immediate medical care to visiting team members for injuries or medical conditions sustained during the game or competition. Treatment provided by any Mason provided Athletic Trainer does not include treating injuries or medical conditions unrelated to the game or competition or long-term treatment of injuries or medical conditions. Athletic Trainer may also make determinations regarding possible concussions and return to play and I agree to comply with all determinations made by the Athletic Trainer regarding concussions and return to play. I understand and acknowledge the scope of services provided by the Athletic Trainer, and I ASSUME ALL RISK associated with receiving treatment from the Athletic Trainer including the possibility of misdiagnosis, incorrect treatment, or worsening of any injury or medical condition.

Health Insurance - Physical Requirement: It is highly recommended that all participants in the University Recreation – Club Sports program have a physical exam completed by a qualified health care professional prior to participation. In addition, I understand it is my responsibility as a participant in the University Recreation – Club Sports program to maintain current health care insurance to cover any physical injuries and the treatment of such injuries that may result from my participation in the Mason Recreation program, including, but not limited to, emergency care and transport, surgery, medical devices, treatment, prescriptions, ointments, equipment, physical therapy and rehabilitation.

Photographic or Video Image/Likeness Release: I hereby grant permission to the University (as referenced in paragraph 1.) to photograph or videotape in any media my image, likeness, or depiction and further to edit, crop, or retouch such photographs or digital images, and waive any right to inspect the final photographs or images. I hereby consent to and permit the photographs or images of me to be used by the University worldwide for any purpose, including educational and advertisement purposes, and in any medium, including print and electronic and waive any right, interest, claim for compensation, claim for damages and cause of action regarding the University's use and/or editing of such photograph, videotape or digital image. By giving my consent and waiving my rights, I understand the University may at its sole discretion reproduce, display, and disseminate such photographs or digital images of me, in whole or in part, or altered in character or form, as well as related posters, presentations, programs, and publications and to do so through any media, for educational purposes, art, entertainment, advertising, internal use, or other lawful purposes. I hereby further grant the University all rights of copyright to such photographs and images, and all rights to publish, market, or assign such photographs and images without compensation or report to me. I understand and agree that all grants of permission and consent, and all covenants, agreements and understandings contained herein are irrevocable.

Sport: _____

Visiting Team – School Name: _____

Date(s) of the Event: _____

Team Contact Name: _____

Team Email: _____

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Each individual player, coach, and volunteer listed below is responsible for reading, understanding, and signing this form to acknowledge and accept the risks associated with participating in this event.

	PARTICIPANT NAME (print)	AGE	PARTICIPANT SIGNATURE
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VERIFICATION ACKNOWLEDGEMENT

I _____ (Print Name of Coach/Officer) confirm that all individuals listed above, including players, coaches, and volunteers, have completed and signed the Assumption of Risk Form. I understand that I am responsible for ensuring that no one other than those listed on this form participates in the event.

Signature: _____

Date: _____