

AGREEMENT TO PARTICIPATE

Fordham University
Athletic Department

PLEASE PRINT

Athlete's Name _____ Sport (s) _____

Home Address _____
Street City State Zip

I am aware that 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 & 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. I specifically acknowledge that contact sports can involve even a greater risk of injury than some other sports.

Due to the danger of participating in sports, I recognize the importance of following the coach's instructions regarding playing techniques, training, rules of the sport, and other team rules and obeying such instructions.

In consideration of the College permitting me to practice, play or try out for the College's team(s) and to engage in all related activities, including practicing, playing, and traveling, I hereby voluntarily assume all risks associated with participation and agree to exonerate and save harmless the College, their agents, servants, and employees, the athletic staff of the College, the physicians and other practitioners of the healing arts treating me 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 sports team(s).

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.

I hereby agree to submit any disputes that may arise between myself and the College, its agents, servants and employees, the athletic staff of the College, the physicians and other practitioners of the healing arts treating me, and all their agents, servants and employees, in connection with my activities at the College, to binding arbitration before three arbitrators, in accordance with the Rules of the American Arbitration Association.

Signature of Student Athlete (or Parent or Guardian if under 18)

Date