

TUFTS UNIVERSITY

Notice: This document is a **TWO-SIDED DOCUMENT. Both sides contain important terms and conditions which affect your legal rights. **READ BOTH SIDES CAREFULLY BEFORE SIGNING.****

WAIVER, RELEASE AND INDEMNITY AGREEMENT FOR INTERCOLLEGIATE ATHLETICS, CLUB AND INTRAMURAL SPORTS

1. I am aware that playing or practicing any type of sport or athletic activity can be dangerous and involves many risks of playing or practicing any type of sport or athletic activity 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.
2. I understand that the magnitude of the risks inherent in any sport or athletic activity depends in part upon the general health and physical condition or limitations of the individual participant. I recognize that I am solely responsible for the assessment of the effects of my health and physical condition upon the risks inherent in my participation in such activities, and I understand that Tufts University recommends that I consult my own physician prior to such participation.
3. I have weighed the dangers inherent in participating in sports activities, the risks presented by my own health and physical condition, and my personal desire to participate in sports activities. I have concluded that the risks inherent in my participation, both in general and as affected by my individual health and physical condition, are acceptable and are outweighed by my desire to participate.
4. In consideration of Tufts University permitting me to play, practice or try out for the Tufts University team/club, and to engage in all activities related to the team/club, I:
 - A. voluntarily assume all risks associated with my participation.
 - B. waive any right to make a claim or demand against Tufts University, its trustees, agents, servants, employees, and its athletic staff arising out of my participation;
 - C. on behalf of myself, my heirs and assigns, release Tufts University, its trustees, agents, servants, employees, and its athletic staff from any and all liability, claims, causes of action or demands of any kind or nature whatsoever which might arise by or in connection with my participation; and
 - D. agree to defend, indemnify and hold harmless Tufts University, its trustees, agents, servants, employees, and its athletic staff from and against any and all liability, claims, causes of action or demands of any kind or nature whatsoever which might arise by or in connection with my participation.

(OVER PLEASE)

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- 5. I am of sound mind and body, I have carefully read the foregoing statement. I understand its contents. I am aware that by signing this document I am giving up my legal rights and it is my intent to do so. I sign this document of my own free will and volition and with full appreciation of the consequences of doing so.

Signature

Social Security Number

Name (Please Print)

Date

Team (Sport)

**IF YOU ARE UNDER 18 YEARS OF AGE, PLEASE FORWARD TO YOUR PARENTS/GUARDIANS FOR SIGNATURE AND RETURN THE SIGNED FORM TO:
Tufts University, Athletics Department, Medford, MA 02155.**

I/We are the parents/legal guardians of _____
He/She has our permission to participate in intercollegiate athletics, club and intramural sports at Tufts University. I/We have carefully read the foregoing document and understand its terms and effects. I/We agree to be bound by it and by the expressed desires of our son/daughter/ward.

Dated: (Signature)

Dated: (Signature)

(Coach's File)
(9/95)

(OVER PLEASE)