



Appalachian State University Club Sports Game Contract

UREC Club Team _____

Visiting Club Team/Officials/Volunteers _____

Site _____ Date of Contest _____

Officials _____ Time of Contest _____

_____ Officials to be paid by _____

Appalachian State Club Team Officer

Name _____

Phone _____

Email _____

Date _____

Signature _____

Visiting Club Team Officer

Name _____

Phone _____

Email _____

Date _____

Signature _____

Visiting Team Participants must read the following information and then sign the release before participation in a Club Sports Activity at Appalachian State University.

****PLEASE READ THIS ENTIRE DOCUMENT CAREFULLY: THIS RELEASES APPALACHIAN STATE UNIVERSITY FROM ANY LIABILITY RESULTING FROM ANY PARTICIPATION IN THE ABOVE CLUB SPORTS ACTIVITY. ****

I understand that I must comply with all instructions of the UREC Staff and Appalachian State University agents, employees and volunteers during my participation in the Club Sports Program.

I shall indemnify, defend, and save harmless Appalachian State University, the University of North Carolina System, the State of North Carolina and their respective trustees, agents, employees and volunteers (hereinafter referred to as "indemnitees") from all liabilities, losses, costs, damages, claims or causes of action of any kind or nature whatsoever, and expenses, including attorney's fees, arising or claimed to have arisen out of personal injuries or death, or property damage or loss, sustained by me as a result of negligence on the part of the indemnitees or other participants, users or employees or harm to others that occurs as a result of my own negligence or intentional acts, during my participation in the Club Sports Program or use of any UREC facility or equipment.

(Continued on Reverse)

****By signing below, I certify that I am at least eighteen (18) years of age, medically sound, and physically fit to participate in the UREC Programs or use UREC facilities. I further certify that no oral promise, agreement, warranty or representation concerning safety or liability has been made to me. I HAVE READ AND UNDERSTAND THIS DOCUMENT AND SIGN IT VOLUNTARILY. I AGREE THAT IT WILL LEGALLY BIND ME AND MY ESTATE.****

| Name of Visiting Participant | Signature | Date |
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(Use additional contracts if necessary)