

**UNIVERSITY OF WISCONSIN DIVISION OF RECREATIONAL SPORTS**  
**CLUB SPORT MEMBERSHIP CONSENT FORM**

I, \_\_\_\_\_ (*print name*), desire to participate in the University of Wisconsin Division of Recreational Sports Club Sport Program. I am informed that the Program operates with volunteer officers and coaches/instructors. Some coaches/instructors may be team members or former team members. I understand that athletes and participants may travel to events in member, coach or participant driven state or private vehicles.

I understand that participating in **Aikido Club**, exposes me to many risks including but not limited to **wrist, ankle, knee and shoulder injuries**.

I recognize that every activity has a certain degree of risk, and I knowingly and voluntarily assume the risk of those injuries and illnesses, which may occur as a result of participation in the above-mentioned sport. I further understand that this activity may subject me to physical exertion. I hereby state that I am in sufficient physical condition to accept such activity level. I understand that the University does not provide medical coverage to students or volunteers.

I do hereby release the Board of Regents of the University of Wisconsin System, their officers, employees and agents, from any liability for damage to or loss of personal property, sickness and injury from whatever source, legal entanglements, imprisonment, death, loss of money, etc. which might occur while traveling to and from, training for, being coached in, using equipment for or participating in this activity.

I, the undersigned, am at least 18 years of age and have read this form and understand all of its terms.

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I understand that participating in **Archery Club**, exposes me to many risks including but not limited to **wrist, arm, shoulder injuries**.

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I understand that participating in **Badminton Club**, exposes me to many risks including but not limited to **ankle and knee injuries, eye injuries and muscle strain**.

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I understand that participating in **Baseball Club**, exposes me to many risks including but not limited to **wrist, arm, shoulder, foot, ankle and knee injuries; muscle strains and bruises**.

I recognize that every activity has a certain degree of risk, and I knowingly and voluntarily assume the risk of those injuries and illnesses, which may occur as a result of participation in the above-mentioned sport. I further understand that this activity may subject me to physical exertion. I hereby state that I am in sufficient physical condition to accept such activity level. I understand that the University does not provide medical coverage to students or volunteers.

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I understand that participating in **Budo Club**, exposes me to many risks including but not limited to **abrasions; bruises; hyper-extended toes and ankle, knee and collar bone injuries**.

I recognize that every activity has a certain degree of risk, and I knowingly and voluntarily assume the risk of those injuries and illnesses, which may occur as a result of participation in the above-mentioned sport. I further understand that this activity may subject me to physical exertion. I hereby state that I am in sufficient physical condition to accept such activity level. I understand that the University does not provide medical coverage to students or volunteers.

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I understand that participating in **Capoeira Club**, exposes me to many risks including but not limited to **foot and ankle injuries and muscle strains**.

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I understand that participating in **Chinese Wu Shu Club**, exposes me to many risks including but not limited to **foot and ankle injuries, muscle strains, bruises and abrasions**.

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I understand that participating in **Cycling Club**, exposes me to many risks including but not limited to **abrasions, fractures and bruises resulting from falls; head and spinal injuries; potentially fatal injuries due to collisions with motor vehicles or other bikes.**

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I understand that participating in **Dance Elite Club**, exposes me to many risks including but not limited to **muscle strains; ankle and knee injuries; blisters on feet.**

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I understand that participating in **Eagle Claw Kung Fu Club**, exposes me to many risks including but not limited to **bruises, muscle strains, knee, foot and ankle injuries**.

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I understand that participating in **Fencing Club**, exposes me to many risks including but not limited to **muscle strains and minor bruises**.

I recognize that every activity has a certain degree of risk, and I knowingly and voluntarily assume the risk of those injuries and illnesses, which may occur as a result of participation in the above-mentioned sport. I further understand that this activity may subject me to physical exertion. I hereby state that I am in sufficient physical condition to accept such activity level. I understand that the University does not provide medical coverage to students or volunteers.

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I understand that participating in **Ice Hockey Club**, exposes me to many risks including but not limited to **bruises, muscle strains and wrist, knee and back injuries**.

I recognize that every activity has a certain degree of risk, and I knowingly and voluntarily assume the risk of those injuries and illnesses, which may occur as a result of participation in the above-mentioned sport. I further understand that this activity may subject me to physical exertion. I hereby state that I am in sufficient physical condition to accept such activity level. I understand that the University does not provide medical coverage to students or volunteers.

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I understand that participating in **Japanese Karate Club**, exposes me to many risks including but not limited to **bruises, muscle strains, knee injuries and blisters on feet**.

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I understand that participating in **Kendo Club**, exposes me to many risks including but not limited to **bruises, muscle strains and foot injuries**.

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I understand that participating in **Lacrosse Club**, exposes me to many risks including but not limited to **bruises, muscle strains and knee, ankle and shoulder injuries**.

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I understand that participating in **Racquetball Club**, exposes me to many risks including but not limited to **eye injuries, ankle and knee injuries, bruises and lacerations resulting from being hit by the racquet or ball.**

I recognize that every activity has a certain degree of risk, and I knowingly and voluntarily assume the risk of those injuries and illnesses, which may occur as a result of participation in the above-mentioned sport. I further understand that this activity may subject me to physical exertion. I hereby state that I am in sufficient physical condition to accept such activity level. I understand that the University does not provide medical coverage to students or volunteers.

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I understand that participating in **Rugby Club**, exposes me to many risks including but not limited to **bruises, abrasions, lacerations, concussions, fractures and knee, shoulder, neck back and ankle injuries.**

I recognize that every activity has a certain degree of risk, and I knowingly and voluntarily assume the risk of those injuries and illnesses, which may occur as a result of participation in the above-mentioned sport. I further understand that this activity may subject me to physical exertion. I hereby state that I am in sufficient physical condition to accept such activity level. I understand that the University does not provide medical coverage to students or volunteers.

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I understand that participating in **Running Club**, exposes me to many risks including but not limited to **muscle strains, sprains, abrasions from falls, shin splints, plantar facsitis and over-use injuries**.

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I, \_\_\_\_\_ (*print name*), desire to participate in the University of Wisconsin Division of Recreational Sports Club Sport Program. I am informed that the Program operates with volunteer officers and coaches/instructors. Some coaches/instructors may be team members or former team members. I understand that athletes and participants may travel to events in member, coach or participant driven state or private vehicles.

I understand that participating in **Shorin Ryu Karate Club**, exposes me to many risks including but not limited to **muscle strains, abrasions, lacerations, and foot/toe injuries**.

I recognize that every activity has a certain degree of risk, and I knowingly and voluntarily assume the risk of those injuries and illnesses, which may occur as a result of participation in the above-mentioned sport. I further understand that this activity may subject me to physical exertion. I hereby state that I am in sufficient physical condition to accept such activity level. I understand that the University does not provide medical coverage to students or volunteers.

I do hereby release the Board of Regents of the University of Wisconsin System, their officers, employees and agents, from any liability for damage to or loss of personal property, sickness and injury from whatever source, legal entanglements, imprisonment, death, loss of money, etc. which might occur while traveling to and from, training for, being coached in, using equipment for or participating in this activity.

I, the undersigned, am at least 18 years of age and have read this form and understand all of its terms.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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Signature of parent or guardian if under 18

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**It is strongly recommended that each participant in the Club Sport Program purchase insurance, which covers injuries that may occur during participation in the activities.**

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I understand that participating in **Squash Club**, exposes me to many risks including but not limited to **eye injuries, ankle and knee injuries, bruises and lacerations resulting from being hit by the racquet or ball.**

I recognize that every activity has a certain degree of risk, and I knowingly and voluntarily assume the risk of those injuries and illnesses, which may occur as a result of participation in the above-mentioned sport. I further understand that this activity may subject me to physical exertion. I hereby state that I am in sufficient physical condition to accept such activity level. I understand that the University does not provide medical coverage to students or volunteers.

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I understand that participating in **Tae Kwon Do Club**, exposes me to many risks including but not limited to **bruises, muscle strains, knee injuries and foot/toe injuries**.

I recognize that every activity has a certain degree of risk, and I knowingly and voluntarily assume the risk of those injuries and illnesses, which may occur as a result of participation in the above-mentioned sport. I further understand that this activity may subject me to physical exertion. I hereby state that I am in sufficient physical condition to accept such activity level. I understand that the University does not provide medical coverage to students or volunteers.

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I understand that participating in **Triathlon Club**, exposes me to many risks including but not limited to **muscle strains, sprains, abrasions, fractures, head and spinal injuries, potentially fatal injuries resulting from collisions with motor vehicles or drowning.**

I recognize that every activity has a certain degree of risk, and I knowingly and voluntarily assume the risk of those injuries and illnesses, which may occur as a result of participation in the above-mentioned sport. I further understand that this activity may subject me to physical exertion. I hereby state that I am in sufficient physical condition to accept such activity level. I understand that the University does not provide medical coverage to students or volunteers.

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I understand that participating in **Ultimate Frisbee Club**, exposes me to many risks including but not limited to **muscle strains, sprains and ankle, knee and shoulder injuries**.

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I understand that participating in **Volleyball Club**, exposes me to many risks including but not limited to **knee, shoulder, wrist and back injuries, dislocated fingers, fractures and muscle strains**.

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I understand that participating in **Water Polo Club**, exposes me to many risks including but not limited to **shoulder injuries; muscle strains; abrasions and potentially fatal injuries due to drowning**.

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I understand that participating in **Water Ski & Wakeboard Club**, exposes me to many risks including but not limited to **muscle strains, sprains, abrasions, fractures; ankle, knee, shoulder and back injuries; head and spinal injuries, potentially fatal injuries resulting from drowning.**

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