Please read this form carefully and be aware in registering yourself in this program, you will be waiving and releasing all claims for injuries you might sustain arising out of this program.

Sport Club: _____

Participants Name: _____

Student ID Number: _____

Local Address,heD__ with such program.

d harmless and defend Western Illinois University, Board of Trustee of Western
ents, servants and employees from any and all claims resulting from injuries
es sustained by me or arising out of, connected with, or in any way associated

I have read and fully understand the above Waiver and Release of All Claims

Signature of Participant: _____ Date: _____

Western Illinois University is an institution which expects high academic achievement and responsible behavior from its students. The University has forbidden in its Stu ha[illegible] of Student Activities, or Office of Judicial Affairs.

ub member, I acknowledge my awareness of the position of the University and m y Club regarding hazing, edge that I will not engage in hazing and I will work to eliminate All forms of hazing practices discovered my organization. I further acknowledge my responsibility to uphold all other rules and regulations of the sity.

Club Mem: _____ D

ate: _____

Club Advisor Signature: _____ Date: _____