

Clarkson University **Assumption Of Risk** **Form**

I understand the risks of injuries and losses that can occur as a result of my participation in intercollegiate athletics and assume all such risks. In consideration of my being permitted to participate in Clarkson University's intercollegiate athletic program, I release and agree to indemnify and hold harmless CU, its employees, medical staff, and students from all claims, actions, damages and liabilities for personal injury or damage I might experience relating to or arising out of any intercollegiate athletics activity. This form is valid for one year from the date of signing.

Student Athlete Signature _____

Date _____

Student Athlete Printed Name _____

Sport _____

Parent/Guardian Signature _____

Date _____

(If athlete is under 18)

