

Sport Clubs at the University of Tennessee
Participant Registration and Informed Consent Form (student)

Club: _____

Local Address: _____

Student ID Number: _____

City and State: _____

Last Name: _____

Zip: _____ Phone: _____

First Name: _____

Permanent Address: _____

Gender: M / F DOB: ____ / ____ / ____ Insured: Y / N

City and State: _____

UT Email: _____

Zip: _____ Phone: _____

PLEASE READ THIS ENTIRE DOCUMENT CAREFULLY BEFORE SIGNING. THIS RELEASES THE UNIVERSITY FROM ANY LIABILITY RESULTING FROM PARTICIPATION IN ANY ACTIVITIES ASSOCIATED WITH THE CLUB NAMED ABOVE.

Release and Assumption of Risk

The undersigned hereby acknowledges that he/she understands that participation in any Sport Club activities at the University of Tennessee is purely voluntary and is not a part of the academic curriculum of the university. In consideration of the university making any equipment and/or facilities available for the club activities, the undersigned hereby releases The University of Tennessee, their successors, assigns, Trustees, officers, agents and employees from any and all claims, demands and causes of action whatsoever, in any way growing out of or resulting from the undersigned student's participation in the activities of the organization.

The undersigned further agrees that he/she understands that many of the activities of the club involve substantial risk and could lead to **bodily injury, illness, paralysis, permanent disability, death, property damage and other dangers associated with Sport Club participation**. Involvement in Sport Club activities could also result in **injury or death while traveling to and from Sport Club activities**. Other risks associated with Sport Club participation include but are not limited to: **stoppage of breathing, spine and neck injuries (either of which could result in paralysis), concussion, heart failure, broken bones, heat stroke, heat cramp, heat exhaustion, hypothermia, frostbite, stroke, convulsion, unconsciousness, abrasions, fainting, sudden illness, cramps, and loss of wind**. With respect to water sports, there is also the **risk of drowning**.

It is expressly understood by the undersigned that he or she is solely responsible for any cost arising out of any bodily injury or property damage sustained through participation in normal or unusual activities of the Sport Club. The undersigned is encouraged to obtain adequate bodily injury, health, and/or property damage insurance coverage, and understands that the **University of Tennessee does not provide any insurance coverage for Sport Club participants**. The undersigned acknowledges that if he/she does not have insurance coverage, all injuries suffered during participation in a Sport Club activity are solely their own financial responsibility and not the responsibility of the University of Tennessee.

If the undersigned is married and/or a minor (under the age of 18 years), then the signature of the spouse, parent or guardian appearing in the space indicated below signifies acceptance by said spouse, parent or guardian that the terms and conditions hereof shall be binding upon them and shall constitute a release by them of any and all claims, demands and causes of action whatsoever which they or any of them may have against The University of Tennessee, its successors, assigns, Trustees, officers, agents or employees as a result of the undersigned student's participation in the activities described. Check the following box if the undersigned is not insured.

I HAVE CAREFULLY READ AND UNDERSTAND COMPLETELY THE ABOVE PROVISIONS AND AGREE TO BE BOUND THEREBY.

Applicant _____ Date _____

Parent/Guardian/Spouse _____ Date _____

In Case of an Emergency, Contact:

Name: _____

Address: _____

Relationship: _____

Phone: (____) _____ - _____

City: _____ State: _____

The Scuba Club at the University of Tennessee Membership Information

DATE: / / 20__

Dues Paid:

Last Name: _____

First Name: _____

Soc. Sec. #: - - _____

Birthdate: / / _____

Local Address: _____

Permanent Address: _____

City: _____

City: _____

State & ZIP: _____

State & ZIP: _____

Local Phone: () _____ - _____

Perm. Phone: () _____ - _____

Certification Level: _____

Certification Agency: _____

Date Received: / / _____

Instructor: _____

Certification Specialties: _____

E-Mail: _____

Do you have bodily injury and/or property damage insurance ? Yes _____ No _____

Emergency contact:

Name: _____ Relationship: _____

Address: _____

Phone #: () _____ - _____

Please circle the equipment you already own :

Mask Snorkel Fins B.C. Knife Wetsuit Boots Gloves Hood Weight-belt Dry-suit

Watch Depth gauge Compass Speargun Light Tank Regulator U/W camera Dive Computer

Dive flag other _____



RELEASE OF LIABILITY, WAIVER OF CLAIMS, EXPRESS ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

PLEASE READ AND BE CERTAIN YOU UNDERSTAND THE IMPLICATIONS OF SIGNING

EXPRESS ASSUMPTION OF RISK ASSOCIATED WITH DIVING AND RELATED ACTIVITIES

I do hereby affirm and acknowledge that I have been fully informed of the inherent hazards and risks associated with Snorkeling, Skin and/or Scuba diving. I fully understand that these risks can lead to severe injury and even loss of life. I understand that diving operations may be conducted at a site that is remote from a recompression chamber and competent medical assistance. Nevertheless, I choose to proceed even in the absence of a recompression chamber and competent medical assistance. Additionally, I understand that there are also risks associated with dive travel, including, but not limited to the possible injury or loss of life as a result of a dive boat accident, as well as travel to and from dive sites. Despite the potential hazards and dangers associated with the activity of diving, I wish to proceed and I freely accept and expressly assume all risk, dangers and hazards that may arise from diving activities which could result in personal injury, loss of life and property damage to me.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT:

In consideration of being allowed to participate in Snorkeling, Skin and/or Scuba Diving activities as well as the use of any of the facilities and the use of the equipment of the below listed releasees, I hereby agree as follows:

- 1. TO WAIVE AND RELEASE ANY AND ALL CLAIMS based upon negligence, active or passive with the exception of intentional, wanton or willful misconduct that I may have in the future against any of the following named persons or entities (hereafter referred to as Releasees): National Association of Underwater Instructors (NAUI): Don E. Orr, Susan R. English, (Instructor/s) Daniel L. Bass, David J. Crigger, Ronald O. McMillian Jr., Edward J. Vigluicci (Facility/ies) University of Tennessee (Others) R. Mark Fee, Dean A. Roberts, Sammy D. Maples, H. Tim Shown, Scott Greene, William M. Murdaugh
2. To release the releasees, their officers, directors, employees, representatives, agents and volunteers, from liability and responsibility, whatsoever, for any claims or causes of action that I, my estate, heirs executors or assigns may have for personal injury, property damage or wrongful death arising from Snorkeling, Skin and / or Scuba diving activities whether caused by active or passive negligence of the releasees or otherwise with the exception of gross negligence. By executing this document, I agree to hold the releasees harmless for any injury or loss of life which may occur to me during Snorkeling, Skin and/or Scuba diving activities and/or instruction.
3. By entering into this agreement, I am not relying on any oral or written representation or statements made by the releasees, other than what is set forth in this agreement. I further agree that this Agreement shall be governed by and interpreted in accordance with the laws of the State of California, United States of America.
4. If any provision, section, subsection, clause or phrase of this release is found to be unenforceable or invalid, that portion shall be severed from this contract. The remainder of this contract will then be construed as though the unenforceable portion had never been contained in this document.

I hereby declare that I am of legal age and am competent to sign this Agreement or, if not, that my parent or legal guardian shall sign on my behalf, and that my parent or legal guardian is in complete understanding and concurrence with this agreement.

I HAVE READ THIS AGREEMENT, I UNDERSTAND IT, I AGREE TO BE BOUND BY IT.

Signature Of Participant X Date
Witness (Name) Signature X
Signature Of Parent Or Guardian If Participant Is A Minor, and by their signature they, on my behalf release all claims that both they and I have. Date
(Parent Signature if participant is a minor)

WAIVER REAFFIRMATION

I HAVE READ THIS AGREEMENT, I UNDERSTAND IT, I AGREE TO BE BOUND BY IT.

Signature Of Participant Date
Witness (Name) Signature
Signature Of Parent Or Guardian If Participant Is A Minor, and by their signature they, on my behalf release all claims that both they and I have. Date
(Parent Signature if participant is a minor)

INSTRUCTOR/LEADER CONFIRMATION

I HAVE REVIEWED THIS AGREEMENT AND CONFIRM THAT IT HAS BEEN PROPERLY COMPLETED.

Signature Of Instructor/Leader Date

Please note the following excerpt from the "WARRANTIES FOR TRAINING"

"Each student shall be required to complete a medical history form at the beginning of training. The beginning of training is defined as the commencement of in-water training activities. A written release for each student must also be completed at the beginning of training."

MEDICAL HISTORY INFORMATION FORM

MEDICAL HISTORY STATEMENT: I understand that skin and scuba diving are strenuous activities involving significant pressure changes and that normal, healthy heart, lungs, ear and sinus, are essential prerequisites for my safety and well-being. I hereby confirm that to the best of my knowledge my circulatory and respiratory systems and body air spaces are healthy and normal and that I have no severe emotional or neurological problems or communicable diseases. I understand that I need to seek unconditional approval for diving from a licensed physician if I am uncertain as to my physical fitness for the rigors of diving.
Write Y (yes) or N (no) next to all of the following, and explain under remarks, any yes answers.

Behavioral health problems _____	Bronchitis _____	Glasses or contact lenses _____
Claustrophobia _____	Tuberculosis _____	Dental plates _____
Agoraphobia _____	Respiratory problems _____	Physical disability _____
Migraine headaches _____	Back problems _____	Serious injury _____
Epilepsy _____	Back/spinal surgery _____	Over 40 years old _____
Ear or hearing problem _____	Diabetes _____	Hepatitis _____
Trouble equalizing pressure _____	Ulcers _____	HIV positive _____
Sinus trouble _____	Colostomy _____	Regular medication _____
Severe hay fever _____	Hernia _____	Drug allergies _____
Heart trouble _____	Dizziness or fainting _____	Alcohol or drug abuse _____
High blood pressure _____	Recent surgery _____	Rejected from any activity for medical reasons _____
Angina _____	Hospitalized _____	Any medical condition not listed: _____
Heart surgery _____	Pregnant _____	Remarks: _____
Asthma _____	Motion Sickness _____	_____

List all medications you are presently taking: _____

I certify that the above information is correct to the best of my knowledge. _____ Date: _____

SIGNATURE OF PARTICIPANT: _____ Date: _____

I am a minor and my parent or guardian has signed below.

SIGNATURE OF PARENT OR GUARDIAN: _____ Date: _____

If at any time during your dive training your medical condition changes notify your NAUI Instructor immediately and complete a new NAUI medical history form for inclusion in your student file.

MEDICAL HISTORY REAFFIRMATION

I certify that the above information is still correct to the best of my knowledge.

Signature Of Participant _____ Date _____

Witness (Name) _____ Signature _____

Signature Of Parent Or Guardian If Participant Is A Minor, and by their signature they, on my behalf release all claims that both they and I have. _____

_____ Date _____

(Obtaining reaffirmation signatures is appropriate when beginning open water training, for continuing education or following a prolonged interruption in training. A release of liability, waiver of claims, express assumption of risk and indemnity agreement and medical history form must be completed for each course.)