University at Buffalo Sports Clubs
R&I Services

VISITING TEAM
ASSUMPTION OF RISK

Visiting School	Club Sport	Date/Location

Visiting President's Name	Visiting Presidents Email

We, the undersigned, desire to participate in the following University at Buffalo Sports Club Activity. We are aware that these activities involve physical and emotional risks, such as physical person-to-person contact, exertion, use of equipment and the use of indoor and outdoor facilities.

In consideration of the University at Buffalo's efforts on our behalf, we do hereby voluntarily assume all risk of death, accident, injury, damage, and/or loss to ourselves or our property, which may arise, out of our participation in the said program. We also hereby release and discharge the University at Buffalo, and all officers and personnel paid or volunteer associated or connected with the said program for every claim, liability or damage of any kind caused by the negligence of the University at Buffalo, personnel involved or otherwise which may result from our participation in the said program.

We further hereby represent that we do not have any medical impairment, disease, physical liability or injury, which would prevent our participation in the said program; and that we have medical insurance that covers our participation.

We voluntarily choose to participate in the activities of the Sports Club team.

Name (Please Print)	Signature

If more space is needed, please use additional sheet.