

**THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL
SPORT CLUBS PARTICIPATION AGREEMENT**

Release and Hold Harmless Agreement

As part of the consideration for participating in the UNC Sport Clubs Program and for using the associated practice and playing facilities and equipment, and in consideration of the voluntary nature of such participation and use, I hereby release, hold harmless, and forever discharge The University of North Carolina at Chapel Hill (“University”), its trustees, employees and agents, from any and all liability, claims, demands, actions, and causes of actions whatsoever arising out or related to any loss, property damage, or personal injury, including death, that may be sustained by me or to any property belonging to me, as a result of my participation in the UNC Sports Clubs Program. Such participation includes but is not limited to practice, club functions, competition, and travel to and from all Sports Club activities (“Program Activities”).

I am fully aware of the risks and hazards associated with participation in Program Activities. I understand that these Program Activities will involve prolonged vigorous exercise and that certain physical conditions, including but not limited to heart, circulatory, respiratory, or musculoskeletal conditions, may be harmfully affected by vigorous exercise. I further understand and acknowledge that it has been recommended that I have a physical examination and that I consult with my physician about physical exertion before participating in the Program Activities, especially if I have any conditions that may be harmfully affected by physical exertion including but not limited to heart, circulatory, respiratory, or musculoskeletal conditions. I acknowledge that I have either had a physical examination and have been given my physician’s permission to participate or that I have decided that I will participate in Program Activities without the approval of my physician.

I hereby elect voluntarily to participate in Program Activities and assume full responsibility for any risk or loss, property damage, or any personal injury, including death that may be sustained by me or any loss or damage to property owned by me as a result of engaging Program Activities. I further acknowledge that I have procured on my own adequate insurance for such loss, damage, and injury. I also agree to indemnify and hold harmless the University, its trustees, employees and agents, from any loss, liability, damage or cost, including court costs and attorney's fees that they may incur due to my participation in said activities.

I acknowledge that this release and hold harmless agreement is binding on me, my heirs, assigns, and personal representatives.

Consent for Medical Treatment

In the event of illness or injury, I hereby authorize employees or agents of the University to obtain emergency medical treatment for me as deemed necessary, including administration of an anesthetic or other medication and surgery, and I hereby assume the cost of such treatment. I understand that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of the University to give specific consent to the diagnosis, treatment, or hospital care which in the best judgment of a licensed physician is deemed advisable. I also grant permission for emergency CPR to be administered to me by a certified person should it become necessary.

Concussion Information

My initials in each of the blanks, below, indicate that I have read and understood each of the following statements:

_____ A concussion is a brain injury, which I am responsible for reporting to a UNC Campus Health Services physician or athletic trainer.

_____ A concussion can affect your ability to perform everyday activities, your reaction time, balance, sleep, and classroom performance.

_____ You can’t see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury.

_____ If I suspect a teammate has a concussion, I am responsible for reporting the injury to a UNC Campus Health Services physician or athletic trainer.

_____ I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion related symptoms.

_____ Following concussion the brain needs time to heal. You are much more likely to have a repeat concussion, if you return to play before your symptoms resolve.

_____ In rare cases, repeat concussions can cause permanent brain damage and even death.

_____ I understand that although *certified* helmets meeting a standard for helping to prevent catastrophic injuries may be used in my sport, they do not prevent cerebral concussions. I should wear a helmet at all times during participation if my sport requires it.

Concussion symptoms include but are not limited to:

- Amnesia
- Confusion
- Headache
- Loss of consciousness
- Balance problems or dizziness
- Double or fuzzy vision
- Sensitivity to light or noise
- Nausea (feeling that you might vomit)
- Feeling sluggish, foggy or groggy
- Feeling unusually irritable
- Concentration or memory problems
- Slowed reaction time

Release of Information from Campus Health Services (“CHS”)

The privacy of your medical information is protected by federal and state law. Except as permitted or required by law, your medical information will not be disclosed without your consent. The University is committed to maintaining the privacy of your medical information. By signing this consent, you agree to the limited sharing of your medical information as described below.

By signing this Participation Agreement, you agree that CHS may share pertinent medical information about you with Campus Recreation, the Sports Club Program, and appropriate University officials for the purpose of advising them about your condition and your treatment, as well as to assist them in determining whether you are able to participate in Program Activities. You also agree that CHS may share relevant information about you with any outside provider whose assistance is necessary for further treatment (e.g., medical equipment vendors, specialists, surgeons).

This consent expires 365 days from the date of your signature below, but you have the right to revoke it in writing at any time by sending written notification to CHS. Any revocation has only prospective effect and is not applicable to disclosures that have been made prior to revocation.

Acknowledgement and Signature

I have read, understood, and agreed to all of the provisions in this Participation Agreement, including the Release and Hold Harmless and the Release of Information from Campus Health Services sections.

This the _____ day of _____, of 20_____ Status: Student ___ Faculty/Staff ___ Community ___

Club PID# Sex: M ___ F___

Participant’s Phone Number Participant’s Email Address

Participant's Name (Please Print) Participant's Signature

Parent/Guardian Name (Please Print) Parent/Guardian Signature
(if participant is under 18 years old) (if participant is under 18 years old)