

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.

I hereby agree to hold harmless and defend Western Illinois University, Board of Trustees of Western Illinois University, students, servants and employees from any and all claims resulting from injuries or damages sustained by me or arising out of, connected with, or in any way related to my participation in this program.