

Sam Houston State University Club Sports Program INSURANCE & WAIVER/LIABILITY RELEASE

Name:	Sam ID #:
Email Address:	Academic Year:
Club Sport: Sup	ervisor/Coach/Advisor:
Local Address/City/State:	Phone #:
Permanent Address/City/State:	Phone #:
Emergency Contact:	Phone #:
Medical Insurance Company:	(For verification purposes)
	(For verification purposes)
Phone #:	Policy #:
Name of Insured:	
List any medical conditions and/or allergies:	offered by SHSU?
traveling to official Club events and/or contests, the of your liability insurance card must accompany Vehicle Make & Model: Driver's License # & State:	tion for yourself and/or other Club Sport participants while following information must be completed. In addition, a copy this form. Year: Plate #: SHSU Driving List?: Yes No Policy #:
Affirmation, Waiver, and Liability Release In consideration of the permission given to me by Sam Houston State University (SHSU) to participate in the above-described activity, I, (for myself, my heirs, executors, and administrators), release, discharge, and agree to indemnify SHSU, the Board of Regents, Texas State University System, the supervisors named above, and all of the university's regents, officers, agents, and employees ("the released parties") from any and all liability arising from or in connection with my participation in the above-described activity, regardless of whether such liability is caused by the negligence of the released parties. I intend that the indemnity provided in this wavier and release is indemnity by me to indemnify the released parties from the consequences of their negligence, whether that negligence is the sole or a concurring cause of the liability. I have been informed and understand the risks and danger inherent in the above-described activity and that I participate freely and without guarantee or compulsion. I am of lawful age and legally competent and empowered to execute this affirmation, waiver, and release on my own behalf.	
Signature	Date Revised 8/21/11