



“HOLD HARMLESS AGREEMENT”

The undersigned hereby acknowledge that he/she understands that participation in any intercollegiate sport at the University of Wisconsin – Washington County is purely voluntary. The undersigned hereby releases the WCC University of Wisconsin – Washington County, its successors, assigns, 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.

I authorize the University of Wisconsin – Washington County and its designated representatives to consent, on my behalf, to any emergency medical/hospital care or treatment to be rendered upon the advice of any athletic trainer and/or licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

Athlete’s Name

The undersigned further agrees that he/she understands that many of the activities of such intercollegiate sports involve substantial risk of injury; that the Conference and University does not and may not provide medical insurance covering such injuries and the undersigned has, accordingly, been encouraged and is hereby encouraged to secure adequate insurance protection. INTERNATIONAL STUDENTS. International students must purchase available athletic insurance, in addition to the standard health care coverage, at the time they register for classes. They will not be permitted to participate in intercollegiate sport activities (including practices) until the athletic coverage is obtained.

If the undersigned is married and/or a minor, 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 Conference or this institution, its successors, officers, agents or employees as a result of the undersigned student’s participation in the activities described.

This _____ day of _____, 20____ - 20 _____

Age: _____ Married: _____

Athlete’s Name

Athlete’s Signature

Parent or Guardian (if student is minor)
Spouse (if student is married)

Note: This form must be signed and filed with the Athletic Director prior to Student-Athlete’s first practice.