



Club Sport General Information Form

Please Print in Ink

Club Name: _____

Name: _____
First Middle Last

Local Address: _____
Street Apt. #/Room #
City State ZIP

Local Phone #: _____ Home Phone #: _____

Student ID #: _____ E-mail: _____

Birthdate: _____ Age: _____ Sex: Female _____ Male: _____

Commuter Student: Yes _____ No _____

Emergency Contact: _____
Name Relationship Phone #

Health Insurance: _____
Company Policy #

- College/
School:
- _____ Architecture
 - _____ Arts & Sciences
 - _____ Business Administration
 - _____ Communication
 - _____ Continuing Studies
 - _____ Education & Allied Professions
 - _____ Engineering
 - _____ Graduate School
 - _____ Graduate School/International Studies
 - _____ Intensive English
 - _____ Law
 - _____ Marine & Atmospheric Sciences
 - _____ Medical
 - _____ Music
 - _____ None of the Above

- Status:
- _____ Freshman
 - _____ Sophomore
 - _____ Junior
 - _____ Senior
 - _____ Graduate
 - _____ Law
 - _____ Medical
 - _____ Faculty/Staff
 - _____ Alumni
 - _____ Other

Application for Permission to Participate in a Registered Organization and Release and Indemnity Agreement

Print: (First) (MI) (Last)

I, _____, SS# _____
Hereby apply for permission to participate in the activities of the following named organization which has registered with the University of Miami:

Student Organization Name

I realize that the above organization is not operated or managed by the University. I also acknowledge and understand that the activities of the organization could result in serious injury to myself or some other person. For these reasons, and in consideration of the University's granting permission to me to participate in the activities of the University, I agree to release and indemnify the University in accordance with the following paragraphs:

On behalf of myself, my family, heirs and personal representatives, I hereby release the University, its trustees, officers, employees, and agents from any liability for injuries sustained by me as a result of my participation in the activities of the above named organization.

I also agree to indemnify and hold harmless the University, its trustees, officers, employees, and agents from any liability for damage or injury to others which may occur as a result of my participation in the activities of the above named organization.

I acknowledge that I have read this agreement carefully, understand the terms and requirements, and fully agree to all conditions contained herein.

Instructions for signing:

Under 18 years old:

Student Signature

Date

Parent/Guardian Signature

Witness

18 Years or older:

Student Signature

Date

WitnessJ://Rhonda/Mydocum/Clubs/Indemnity