



Club Sports R Club Membership Application
Membership Valid: 8/26/2024 - 5/02/2025

Organization: _____

Organization President: _____

Organization President's e-mail: _____

Coach Info (Coach must be formally hired through the Student Organization Finance Office)

Last Name: _____ First Name: _____

Street Address: _____

City / Town: _____ State: _____ Zip Code: _____

E-mail: _____

Phone Number: _____

R Club Terms and Conditions:

- Completed R Club memberships must be submitted to the Assistant Director of Club Sports (kyle.demanincor@rochester.edu).
- Separation from the University or change in organization status will result in the termination of your membership.
- A University of Rochester ID card is required for all members and is required at each visit to gain access to the Goergen Athletic Center (GAC).
- You can cancel your membership at any time by e-mailing the R Club Office (rclub@sports.rochester.edu) or calling (585) 275-6277

Signature: _____ Date: _____

TO BE COMPLETED BY R CLUB STAFF

Date Received: _____

Notes: _____

Last Name: _____

First Name: _____

Date: _____



UNIVERSITY of ROCHESTER

Department of Athletics and Recreation
Goergen Athletic Center

Acknowledgement of Risks and Release of Liability **PART I: R Club Membership Acknowledgement and Release Agreement**

I, _____, wish to participate in the R Club Membership offered by University of Rochester.

If participant is younger than 18 years: I, _____, am the parent or legal guardian of _____ whom I wish to participate in the R Club Membership the Activity offered by University of Rochester.

1. **Assumption of Risk.** I understand that participating in the Activity entails inherent risks including, but not limited to, the risks described in this Activity Detail Form below. I have read and understood the Activity Detail Form. I have been given the chance to ask questions about the Activity Detail Form and all such questions have been answered to my satisfaction. Having read this form, I am fully aware of the risks and hazards associated with the Activity, and hereby elect to voluntarily assume those risks and for the Participant to participate in the Activity. I understand that I am not required to participate in the Activity and that I choose to do so voluntarily and free of duress.
2. **COVID-19 Risk.** Without limiting any other language in this document, I specifically acknowledge and fully assume the risk that the Participant may contract COVID-19 as a result of participating in the Activity. I acknowledge that COVID-19 is a highly contagious disease and that, despite following practices required and/or recommended by the CDC, the New York State and Monroe County Health Departments, and other public health authorities, the University is not able to guarantee that the Participant will not become infected. I understand that the Participant can take steps to protect themselves, including but not limited to becoming vaccinated, wearing a face covering, keeping their distance from other members, washing or sanitizing their hands, and sanitizing equipment before they use it, and that taking those steps may reduce their risk.
3. **Liability Release.** In consideration for U of R allowing the Participant to participate in the Activity, I and the Participant hereby release the University, its officers, agents, volunteers or employees ("Releasees"), from any loss, property damage or personal injury, including death, that Participant may sustain as a result of participating in the Activity, even if caused by the negligence of the Releasees, except to the extent caused by the gross negligence or willful misconduct of the Releasees.
4. **Statement of Physical Fitness.** I state that Participant is physically fit and in a condition that will allow Participant to participate fully and safely in the Activity. I maintain medical insurance that covers Participant for accidents and illnesses while Participant is participating in this Activity. I understand the Releasees have not made, nor will make, any investigation into Participant's physical fitness or ability to participate in the Activity and Releasees are relying on my statement of physical condition. I assume full responsibility for payment of medical expenses not covered by my insurance incurred as a result of Participant's participation in the Activity.
5. **Emergency Medical Treatment.** I grant the Releasees permission to authorize emergency medical treatment to Participant as they deem appropriate, and agree that such action by the Releasees shall be subject to the terms of this Agreement. I understand and agree that the Releasees assume no responsibility for any injury or damage that might result from such emergency medical treatment.
6. **Governing Law.** I agree that this Agreement and any claim arising from Participant's participation in the Activity shall be construed in accordance with the laws of the State of New York, without regard to its conflict of laws principles. The courts in Monroe County shall be the forum for any lawsuits arising from the Activity or relating to this Agreement. The terms of this Agreement shall be severable, such that if a court of competent jurisdiction holds any term to be illegal or unenforceable, the validity of the remaining portions shall not be affected thereby.

PART II: ACTIVITY DETAIL FORM

Goergen Athletic Center R Club Membership Program

Description of Activity: Participation in open recreation which may include training, practices, drills and competitions, some of which may involve bodily contact with others and with equipment. **By participating in these activities you may be exposed to several inherent risks, including but not limited to those listed here:** Physical injury, including but

not limited to broken bones, concussions or other head injuries, organ damage, torn ligaments and tendons, illness, cardiac injury, and even death. These may be accompanied by psychic injury or mental anguish. These risks may result from participation in open recreation or fitness activities, fitness classes, practices, training drills and competitions.

PART III: R Club Membership Rules and Regulations

- 1) The possession or use of alcohol and other drugs, fireworks, guns and other weapons is prohibited.
- 2) No violence by anyone involved with the program, including sexual abuse or harassment, will be tolerated. Hazing is prohibited. Bullying, including verbal, physical, and cyber bullying, are prohibited.
- 3) No use of tobacco products.
- 4) Misuse, damage or theft of property is prohibited. Charges will be assessed against those members who are responsible for damage, theft or misuse of University property.
- 5) Participants must follow all safety rules in accordance with University standards and/or as defined by the program administrator.
- 6) Use of cameras, imaging, and digital devices is prohibited where privacy is expected, such as showers, locker rooms and restrooms; as is use of cameras, imaging and digital devices in the fitness center and aquatic center.
- 7) By signing this agreement, I declare that I have read, understand, and approve the rules, and wish to participate in the R Club.
- 8) R Club members and fulltime students are responsible for their guests' compliance with all rules and regulations while in the athletic center.

Any participant who is found behaving in direct violation of these or other stated rules will be removed from the Goergen Athletic Center immediately.

In signing this Agreement, I acknowledge that I have read both sides of this Release Agreement form, understand it, and agree to be bound by its terms. I further acknowledge that I sign this Release Agreement voluntarily and I am at least eighteen years of age.

THIS IS A RELEASE OF LEGAL RIGHTS. READ AND UNDERSTAND BEFORE SIGNING. (Rev. 4/98)

Name of Participant (printed)	Signature of Participant (if over 18)	Date
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Name of Parent or Legal Guardian (printed) <i>If participant is younger than 18 years</i>	Signature of Parent or Legal Guardian <i>If participant is younger than 18 years</i>	Date
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Emergency Contact Name	Emergency Contact Number
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Emergency Contact Information: In the event of an emergency contact UR Security, 585-275-3333

In the event of an emergency (medical, behavioral, disaster, or significant program disruption) during the activity that requires immediate contact of the participant's parent/guardian, the staff will use the emergency the contact name and phone number which were provided by the participant. This information is recorded and filed by the staff as a part of the registration process.