

**THE UNIVERSITY OF CHICAGO
PHYSICAL EDUCATION AND ATHLETICS**

ACCEPTANCE OF RISK

READ BEFORE SIGNING

As a participant in the Squash Club activities, I recognize and acknowledge that there are certain risks of physical injury including, but not limited to death which may arise from Squash Club or other causes. I have no physical condition which would present a risk of injury to me through my participation in Squash Club activities. Notwithstanding any instruction or consultation by the University of Chicago, I agree to assume responsibility for any such injuries, damages or loss which I may sustain as a result of participating in any and all activities connected with or associated with the Squash Club except if caused by the sole negligence of The University of Chicago. I hereby release, waive and discharge the University of Chicago, its officers, agents or employees from any and all liability, claim, damages and losses arising out of any loss, damage or injury that may be sustained by me or to any property belonging to me while participating in Squash Club activities. I acknowledge that the University is providing me with an educational and athletic opportunity and I further agree to indemnify and hold The University of Chicago harmless for any occurrence resulting therefrom except if caused by the sole negligence of The University of Chicago. It is my express intent that this Acceptance of Risk Agreement shall bind the members of my family, my heirs and assigns. This agreement shall be construed in accordance with the laws of the State of Illinois. I further agree that participation in any activity will be at my own discretion and judgment. I will abide by all applicable safety rules. I also understand that the University does not provide health, accident or liability insurance to the Squash Club or to me. I certify that I have health insurance that will cover medical services that might be necessary and agree that I will not participate in Squash Club activities should I become uninsured. I also certify that I am eligible to participate in activities because I am a graduate or undergraduate student, faculty member, staff employee, or graduate of the University, or a spouse or University-registered domestic partner of one of these and I agree that I will cease to participate if my status changes. I further understand that should The University of Chicago discovers that I have not satisfied any one of these requirements, it may, but is not required to, terminate my participation. I am 18 years of age or older. I have read and fully understand the above Acceptance of Risk and I voluntarily sign this Agreement.

Participant Signature

Date

Printed Name of Participant