Informed Consent Form and Waiver of Legal Rights
University of Hartford Recreation and Intramural Program

Student/Staff Name: _____ ("*Competitor*")
Team Name: **N/A** Sport: _____
Competitor's Birth Date: _____ Please Circle: Fresh, Soph, Junior, Senior, Grad, Staff

Definitions

"*Program*" means a Recreation and Intramural program for the year 2024-2025 under the administration of the UH (defined below), including any participation in any activity, practice, travel, or in the play of the Sport.
"*Risk*" means any danger or hazard including, without limitation: any bodily injury, loss or destruction of property, illness, severe injury, disablement, disability, or even death.
"*UH*" means The University of Hartford, including its regents, agents, employees, and volunteers.

Consent; Release; Waiver

By signing below on Competitor's behalf, I acknowledge and affirm that I:

A. give permission for Competitors to participate in the Program;
B. fully understands that the Program could involve any Risk and that engaging in any activity that UH has not scheduled only enhances that Risk. I recognize that whatever Risk that Competitor faces in connection with participating in the Program also can come from:
    1. any act by any third party unrelated to – or related to – the Program; and
    2. any activity not scheduled by UH that is in addition to and not related to the Program;
C. release UH from any liability, loss, damage, expense, claim or cause of action – including reasonable attorney's fee – foreseeably arising from participating in the Program;
D. am responsible for Competitor's welfare and understand that this release legally binds personally each of Competitor and me, and our respective heirs, successors, assigns, and legal representatives;
E. intend fully to assume each Risk associated with Competitor participating in the Program and to release UH as set forth in this document;
F. acknowledge and understand that I am personally responsible for obtaining adequate health, medical, or accident insurance coverage to cover any injury that Competitor incurs as a result of participating in the Program; and
G. authorize UH – or any other responsible party – to obtain any medical treatment that Competitor needs in connection with the Program, with an understanding that:
    1. I must pay whatever amount that treatment costs; and
    2. **I ALSO HOLD HARMLESS AND WILL INDEMNIFY UH FROM ANY CLAIM, CAUSE OF ACTION, DAMAGE, OR LIABILITY ARISING OUT OF OR RESULTING FROM THAT TREATMENT.**

If any legally authorized tribunal determines any part of this Informed Consent Form and Waiver of Legal Rights to be invalid or unenforceable, then each remaining part is enforceable.

Representations

This document's signature shows that:

A. I have carefully read this document and understand its contents;
B. whoever signs this document does so of his/her own free will;
C. no health-related reason or problem prevents or limits Competitor's participation in the Sport;
D. Competitor has enough health insurance to cover any medical costs that apply to Competitor in connection with participating in the Program as a result of injury or illness; and
E. I am at least eighteen and fully competent to sign the Agreement on the Competitor's behalf.

I have read, understand, agree to, and acknowledge the above risk and liability release.

Signature: _____
[Parent/Guardian, if Competitor is a minor]
Name (printed): _____ Date: _____

If the signing party has any questions regarding this document's language or details before signing, please contact the UH at its Athletics Department office at (860) 768-5053.

THIS IS A RELEASE OF LEGAL RIGHTS. BE CERTAIN YOU READ AND UNDERSTAND THIS RELEASE BEFORE SIGNING IT.

Signer has a right to seek an attorney's review before signing

[Parent/Guardian: obtain a notary seal above at the time of signing this statement.]