



INTRAMURAL SPORTS

Participation Statements for Competitors

SYDNEY UNI SPORT & FITNESS (SUSF)

RELEASE AND INDEMNITY AGREEMENT

As part of the consideration for participating in the University of Sydney's Intramural Sports Program and for using the associated practice and playing facilities and equipment, and in consideration of the voluntary nature of such participation and use, I hereby release, hold harmless, and forever discharge The University of Sydney and SUSF, its employees and agents, from any and all liability, claims, demands, actions, and causes of actions whatsoever arising out or related to any loss, property damage, or personal injury, including death, that may be sustained by me or to any property belonging to me, while participating in such activity. Such participation includes practice, intramural functions, competition, and travel to and from all Intramural related activities.

I am fully aware of the risks and hazards associated with participation, **including but not limited to concussion**, and use of the facilities and equipment. I hereby elect voluntarily to participate in said activities and fully acknowledge that the full responsibility for any risk or loss, property damage, or any personal injury, including death, that may be sustained by me or any loss or damage to property owned by me as a result of being engaged in such activities. I further acknowledge that I have procured on my own adequate insurance for such loss, damage, and injury. I further agree to indemnify and hold harmless the University, its employees and agents, from any loss, liability, damage or cost, including court costs and legal fees that they may incur due to my participation in said activities. This release and hold harmless agreement is binding on me, my heirs, assigns, and personal representatives.

I permit the photographs and/or drawings taken by SUSF and any other reproductions or adaptations either complete or in part alone or in conjunction with any wording and/or drawings for all uses including publicity and/or merchandising and/or editorial purposes in any country. Unless otherwise agreed the photographer(s) and any drawings or adaptations thereof shall be deemed to represent an imaginary person.

I understand that I do not have any interest in the copyright to the photographs(s) nor shall I receive any payment for the photographs.

CONSENT FOR RELEASE OF MEDICAL INFORMATION

The privacy of your medical information is protected by federal and state law. Except under certain circumstances, your medical information will not be disclosed without your consent. By signing this consent, you agree to the limited sharing of your medical information as described below. Your residence will share pertinent information about your condition with any outside provider whose assistance is necessary for further treatment (i.e. medical equipment vendors, specialists, surgeons, etc.). This type of sharing of medical information is common to most health care providers and may be a condition of treatment.



INTRAMURAL SPORT
THE UNIVERSITY OF SYDNEY



As you are an Intramural Sports participant, your consent is required to share pertinent medical information with SUSF staff as a part of the Intramural Program as described below:

SUSF nor the Intramural Council will not share your medical information with unrelated third parties without your independently provided written consent, separate from this document.

I understand the information provided above describing the types of disclosure of my medical information by the attending officers of the University of Sydney. I consent to my medical information being shared in this manner.

This consent expires 365 days from the date of my signature below, however, I have the right to revoke it in writing.

NOTIFY IN CASE OF EMERGENCY

Name: _____

Relationship to you: _____

Contact Phone Number: _____

I acknowledge that I am at least 18 years old.

PARTICIPANTS NAME: _____

PARTICIPANT'S RESIDENCE/HALL: _____

PARTICIPANTS SIGNATURE: _____ **DATE SIGNED:** _____