California Institute of Technology  
Department of Athletics, Physical Education and Recreation  

Club Sport Team  
Member Information (Form B1)

Name: _______________________________  UID#: _________________________  

Club Sport Team(s) I participate on are:  
1) ____________________________________________________________  
2) ____________________________________________________________  
3) ____________________________________________________________  

Campus MSC: _____________________  Campus Physical Address: _______________________________  

<table>
<thead>
<tr>
<th>Campus Affiliation</th>
<th>Frosh Faculty</th>
<th>Soph Staff</th>
<th>Jr Alumni</th>
<th>Sr JPL</th>
<th>Grad Spouse</th>
<th>Post Doc Associate</th>
</tr>
</thead>
</table>

Email: _______________________________  Cell Phone: _______________________________  

Faculty/Staff/ JPL - Department ____________________________________________________________  

Alumni – Yr of Graduation: ______________________  BS  MS  PhD  

Spouse –  
Alum Associated with __________________________  Yr of grad ____________________________  

**Emergency Contact Information**  
Please provide two emergency contacts – at least one is required  

*Primary*  
Person to notify in case of emergency: _______________________________  

Relationship to you: _______________________________  Home Phone: _______________________________  

Cell Phone: _______________________________  Work Phone: _______________________________  

*Secondary*  
Person to notify in case of emergency: _______________________________  

Relationship to you: _______________________________  Home Phone: _______________________________  

Cell Phone: _______________________________  Work Phone: _______________________________
Insurance Information

You are covered under policy carried by: Self Mother Father Spouse

Caltech Student Health Insurance Aetna ID #: __________________________________________

*Fill out this section if you are not carrying a Caltech Student Health Insurance policy through Aetna:

Policy Holder’s Name: _____________________________________________________________

Insurance Company Name: _________________________________________________________

Insurance Company Address: _______________________________________________________

Insurance Company Phone: __________________________ Type of Insurance PPO HMO Other

Insurance Policy #: __________________________________ Group #: ___________________

Please be sure to attach a copy of the front and back of your health insurance card, regardless of what type of insurance, even if you are Caltech Aetna insured, with this form and to your club leadership for inclusion in the club binder.

Automobile Insurance Information

I, __________________________________________ understand participation club sports teams may include off campus events and competition where I will either provide or use transportation provided by other club members.

Please initial next to the option you wish to be classified under:

_______ I do not have a vehicle and will only be participating in transportation to off campus events or competition as a passenger in another club member’s vehicle.

_______ I may use my own vehicle to transport myself or other club members, or participate in transportation to off campus events or competition as a passenger in another club member’s vehicle. By selecting this option, I will provide my valid driver’s license information as well as certify that I have insurance on my vehicle as required by the State of California. I will complete the section below and also attach a copy of my valid driver’s license and current insurance card to this form.

Driver’s License # __________________________________ State Issued By _______________

Expiration Date: ______________________________

Insurance Company: __________________________________________ Policy # ______________

Vehicle Make: ________________________________ Model: ______________________________

License Plate: ______________________________ State Issued By: ________________________

** Members choosing the option to use their vehicle must attach a copy of both your valid driver’s license and valid, current insurance card, front and back. This form is not complete until copies are attached and submitted**

I understand this form is my acknowledgement I am a member of the club sport teams I have listed and this form is completed and submit to satisfy the requirements of me as a club member as required by APER and the club sport teams policies.

Signature: ____________________________________________________________

Printed Name: __________________________________ Date: __________________________

CST Coordinator Receipt ______________ Date: ______________

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CONSENT, WAIVER, AND ASSUMPTION OF RISK
FOR PARTICIPATION IN CALIFORNIA INSTITUTE OF TECHNOLOGY
CLUB SPORTS TEAM PROGRAMS (FORM B2)

Member Name ___________________________ ___________________________ ___________________________
Last Name First Name Middle Name

Home Address: ______________________________________________________
Street _____________________________________________________________
City State Zip Code
Cell Phone: ___________________________ Birthdate: _______________________

Acceptance of risk for club sport membership

1. I, ___________________________ (name of member) am 18 years of age or older and wish to participate with a club sports team at the California Institute of Technology (“Caltech”) during the academic year 20___ - 20___.

2. I plan to participate and being a member of the roster for the following team(s) for September 2011 through August 2012:
   a. ________________________________________________________________
   b. ________________________________________________________________
   c. ________________________________________________________________

3. I acknowledge that my participation with a club sport team is completely voluntary.

4. I represent that I have no physical or mental condition, which prevents me from participating with the club sport team(s) in a manner that is safe for other and me. It is my responsibility to take all appropriate actions in advance of, and while participating with my club sport team(s) in all activities associated with the club sport team. I further acknowledge and agree that I have the responsibility to consult with my physician to determine if medical conditions exist that would pose a direct threat to my health or safety or the health and safety of others.

5. I understand that participating with a club sport team at Caltech presents an inherent risk of injury, serious bodily harm, or death. In particular, the risks of participating in a club team sport include, but are not limited to, serious injuries to my head, neck, internal organs, bones, joints, spine, ligaments, muscles, tendons and other parts of the musculoskeletal system which may result in complete or partial paralysis, brain damage and serious injury or impairment to other aspects of my body, general health and well-being. I further understand that such injuries can occur as a result of various modes of transportation (e.g. airplane, boat, train, bus, car), equipment malfunction and/or failure including failure of a motor vehicle, road conditions, vehicular traffic, damage to property, actions of other people, and other injuries arising out of or connected with or participating with club sport teams at Caltech. I further understand that the dangers and risks of participating with club sport teams at Caltech may not only result in serious injury, permanent disability and death, but serious impairment of my future abilities to earn a living, to engage in business, social, and recreational activities and generally enjoy life. I knowingly agree to accept and assume all such risks, including personal injury and death, arising in any way from my participation with club sport teams at Caltech.

READ THE FOLLOWING PARAGRAPHS CAREFULLY
BY SIGNING YOU WILL BE WAIVING LEGAL RIGHTS

6. In consideration of being allowed to participate with Caltech club sport teams, I expressly agree to accept and assume all such risks including personal injury and death. My participation with Caltech club sport teams is completely voluntary, and I elect to participate with Caltech club sport teams despite the inherent risks.

7. In consideration of the benefits I will receive from participating in a club sports team, I hereby agree, on behalf of myself and on behalf of my assignees, dependents, heirs, parents, guardians, executors, administrators, successors and legal or personal representatives, to release and discharge and promise not to sue Caltech and subsidiary or affiliate or government sponsor of Caltech as well as any person acting in his/her capacity as employee, officer, trustee, agent, contractor, or representative of Caltech (collectively referred to as “Released Parties”), from and with respect to any and all claims, demands, actions, suits, causes of action and liabilities of whatever kind of nature in law, equity or otherwise, that may arise from, are related to, or are in any way connected with my participation with Caltech club sport teams, including injury, death, damage or loss, whether it results from the negligence of Caltech, and/or any other Released Parties, or from any other cause provided however that this does not extend to claims due to the gross negligence, willful misconduct or a violation of law by Caltech or any other Released Parties. I knowingly and voluntarily waive any and all rights and benefits conferred upon me by the provisions of Section 1542 of the California Civil Code or by any similar law or provision, which Section reads as follows: “A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS OR HER FAVOR AT THE TIME OF EXECUTING THE RELEASE, WHICH IF KNOWN BY HIM OR HER MUST HAVE MATERIALLY AFFECTED HIS OR HER SETTLEMENT WITH THE DEBTOR.”

8. I understand and agree that if a claim, suit or attachment is brought or sought against me as a result in any way of my participation with club sport teams, I shall not be entitled to any defense or indemnification by Caltech in connection with such claim, suit or attachment.
9. In the event that I sustain injuries or illness while participating in a club sports team, I authorize Caltech to administer or cause to be administered such first aid or other treatments as may be necessary under the circumstances, to include treatment by a physician or hospital of Caltech’s choice. I accept full responsibility for any medical expenses incurred as a result of these actions.

10. I authorize Caltech and its staff in Athletics, Physical Education, and Recreation, the certified trainers, consulting physicians and health care personnel to exchange, written or orally, my protected health information and any related information regarding any injury or illness which affects my ability to participate as a member of a club sports team. Any revocation of this authorization must be made by sending a written notification to the Director of Athletics with a copy to the CST Coordinator and head athletic trainer.

11. This Agreement shall be governed by, construed and interpreted in accordance with the laws of the State of California.

12. I represent and warrant that I have the full right, power and authority to enter into and execute this Consent, Release, and Assumption of Risk (this “release”) and to grant all rights granted under it.

I HAVE CAREFULLY READ THIS RELEASE AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, AN ASSUMPTION OF RISK, AND A PROMISE NOT TO SUE OR MAKE CLAIM, AND I SIGN THIS OF MY OWN FREE WILL.

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FORGOING IS TRUE AND CORRECT.

Executed this _____ day of __________ 20 __, in ________________________________ County, ________________________________ (State)

Signature: ________________________________

Print Name: ________________________________

YOU WILL NOT BE ABLE TO PARTICIPATE WITH CALTECH SPORT CLUB TEAMS IF THIS FORM IS NOT RECEIVED BY CALTECH BEFORE YOUR PRACTICE OR COMPETITION WITH YOUR CLUB SPORT TEAM IN THE ACADEMIC YEAR 20____ - 20____

CST Coordinator Receipt ____________ Date: ______________

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