

Campus Recreation

INSURANCE AFFIDAVIT

TO: UMaine Sport Club Members

Prior to participation in Sport Clubs, each sport clubs member is expected to demonstrate that he or she is currently covered by an insurance plan which will pay costs associated with any athletic or sports related injury. Please sign one of the following statements which indicate that you have the proper insurance coverage.

Student Name (please print): _____ Sport Club: _____

1. By signature below, I certify that I am covered by the University of Maine Student Health Insurance Plan for the 20__ year. I have _____, have not _____, paid for the University of Maine Student Health Insurance Plan.

Student Signature: _____ Date: _____

2. By signature below, I certify that I am presently covered by a family insurance plan that specifically covers medical and related costs resulting from any and all athletic injuries from (mo./ year) _____ through (mo./ year) _____. Special notice must be made indicating age and martial status of each student as it pertains to a family insurance policy.

Insurance Company: _____ Policy Number: _____

Student Signature: _____ Date of Birth: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

CAMPUS RECREATION AT THE UNIVERSITY OF MAINE, (ORONO) ASSUMES NO RESPONSIBILITY FOR THOSE MEDICAL COSTS FOR ATHLETIC OR SPORTS RELATED INJURIES THAT ARE NOT COVERED BY YOUR INSURANCE.

BE SURE TO COMPLETE BOTH SIDES OF THIS FORM FULLY

The University of Maine
A Member of the University of Maine System

Campus Recreation

Sport Club Liability Release Form

I, _____, entirely upon my own initiative risk, and responsibility am about to participate in a sport club which is funded in some part by Campus Recreation.

I am at least 18 years of age. If not at least 18 years of age, I have parent/legal guardian permission to participate in the UMaine Sport Clubs Program as indicated by their signature below.

I understand and accept that participation in this activity/sport is potentially dangerous and involves considerable risk to me and to my person, including but not limited to broken bones, head injuries including concussions, scrapes, lacerations, strains and sprains, and other injuries, up to and including death.

Therefore, I do hereby for myself, my heirs, executors, and administrators release and hold harmless the University of Maine, its trustees, employees and agents. UMaine Campus Recreation from any and all liability, negligence, claims demands, actions, or causes of actions, or causes of actions resulting from any injury or loss to me or to my property, or resulting in my death which may occur as part of or a result of my participation in this sport club event/activity and associated activity (such as travel)

Signature: _____ Date: _____ D.O.B.: _____

Parent or Guardian Signature (if under age 18): _____

Sport Club: _____ Date: _____

Name: _____ Gender: _____

University Status (circle one) 1st 2nd 3rd 4th Grad Fac/Staff Other

Current Address: _____ Phone: _____

Permanent Address: _____ Phone: _____

Emergency Contact: _____ Relationship _____ Phone: _____

Cell Phone: _____ Email: _____

****YOU MUST FILL OUT BOTH SIDES OF THIS FORM COMPLETELY****