

## Trine University Club Sports Policy

### Purpose of Club Sports:

- To develop student leadership, administration, and organizational skills
- To facilitate social interaction among students, faculty, and staff with a common interest
- To provide a diverse offering of leisure opportunities for Trine students
- To provide opportunities for athletic competition not offered in the varsity sport program
- To develop skills in specialized sports activities

### Steps to becoming a Recognized Club Sport at Trine University

1. Submit a roster of members (minimum of 6), including ID numbers; must also have positions delegated among members i.e. president, vice president, etc.
2. Advisor/Coach Letter:
  - a. Must be a Trine staff/faculty member
  - b. Letter must be signed and submitted on Trine letterhead
3. Submit a Mission Statement or Constitution
4. The following must be signed and submitted for all participating members of a club sport:
  - a. **Assumption of Risk Form** (Appendix A)
  - b. **Student Personal Vehicle Travel Waiver** (if applicable, Appendix B)
  - c. **Proof of Health Insurance** (Copy will be kept on file in Student Services)

**\*All items mentioned above must be turned into the Office of Student Services\***

### Risk/Liability

Trine University does not assume any risk for participation in club sport activities. Each participant assumes full responsibility for injuries or subsequent results of injuries sustained during club activity or travel in connection with the sport. Club sports are responsible for procuring their own transportation. In terms of liability, each of the following is required for members of a club sport at Trine University:

1. All members must have appropriate medical insurance and should have proof of insurance with them at all practices and competitions. It is recommended that a portfolio be kept for the club sport containing copies of each member's insurance information to be present at each practice and game.
2. Each club must have a properly stocked first aid kit at each practice and game.
3. At least one member of the club sport must be certified in CPR, first aid, and AED use. It is recommended that all advisors and coaches obtain these certifications.
4. Students who submit the **Student Personal Vehicle Travel Waiver** must have proof of insurance in order to be approved. (Will be kept on file in Student Services)
5. If a tournament or any kind of activity involving non-Trine students is held on campus by your club sport, the general Trine University Risk Waiver must be completed and signed by all those (non-Trine students) participating and turned into Student Services after the event. (Appendix D)

**Fundraising Policy:**

While club sports should adhere to the *Trine University Office of Student Service's Fundraising Policy*, there are additional requirements that must also be met:

1. All funds received must be turned into the Office of Student Services along with the completed **Club Sport Deposit Form** (Appendix C)
2. Each club sport will have to obtain a university credit card and keep record of their funds.

**Equipment:**

All equipment needed for a club sport must be obtained and maintained by the members. Trine University does not provide nor store any club sport equipment.

If the Trine University name or logo of any kind is to be used by your club, the design must be approved by the Branded & Integrated Marketing Office before any items can be produced.

**All members of club sports are expected to abide by all policies set forth in the Trine University Student Handbook and are subject to appropriate disciplinary action.**

**2016 – 2017 Trine University Club Sports  
Assumption of Risk Form**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Club Sport: \_\_\_\_\_

I acknowledge that my participation in a club sport is not required for graduation and is solely voluntary. I hereby acknowledge that I am participating in these activities with the full realization that they may involve a significant risk of bodily injury. I understand that the injury may range in the severity from minor to long term catastrophic up to and including death, or damage to property of myself and others. Such injuries may require me to incur significant medical expenses. I am aware that it is not possible to delineate specifically each and every individual injury risk however knowing the material risk and appreciating and reasonably anticipating that injuries and even death are a possibility. I hereby expressly assume all of the risks which could occur as a result of my participation including the cost of medical care and assistance.

I agree that in exchange for and in consideration of the University's permitting me to participate in this program and all activities related to it including, but not limited to travel, and intending to be legally bound hereby, I hereby assume all the risks associated with the program and agree to release and hold harmless TRINE UNIVERSITY, its successors, assigns, trustees, officers, employees, and coaches from any and all liability, actions, causes of actions, negligence, debts, claims or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to the program.

Additionally, I understand that any previous injury or condition I have may predispose me to an increased risk of re-injury or increased risk of other injuries or conditions. Furthermore, I understand that in the event of any new injury, there may be short term and/or long term health related risks involved with continued participation in this program even after proper treatment or rehabilitation.

Lastly, I certify that I have no health related reasons or problems which preclude or should restrict my participation in this program and that I have secured medical insurance and/or additional coverage. The undersigned, herewith,

- A. Recognizes and acknowledges that neither TRINE UNIVERISTY nor any of its departments and/or divisions carries special health and/or hospital insurance other than such medical and hospital services as are normally provided for students by the Student Health Center, that would provide such insurance benefits coverage for me in the event I should sustain an injury while participating in the above stated activity.
- B. Agrees if the undersigned is married and/or a minor, the signature of spouse, parent or guardian appearing in the space indicated below signifies acceptance of said spouse, parent or guardian that the terms and conditions hereof shall be binding upon them and shall constitute a release by them and any and all claims, demands and causes of action whatsoever which they or any of them might have against TRINE UNIVERSITY, its successors, assigns, trustees, officers, employees, and coaches, as a result of the undersigned's participation in above stated activity.

I have been advised that my signature on this statement involves the voluntary relinquishment of certain legal rights and that my signature indicated my intent to be legally bound by the terms of this agreement. If I have any questions or concerns about this Assumption of Risk Form, I should consult with counsel or an advisor of my own choice prior to signing it.

---

Signature

---

Date

---

Signature of Parent of Legal Guardian (if Student is under 18)

---

Date

**Trine University Student Personal Vehicle Travel Waiver**  
**Office of Student Services**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(print name)

Description of Activity/Trip: \_\_\_\_\_

Date(s) of Activity/Trip: \_\_\_\_\_  
(month/day/year)

I will be using my personal vehicle as transportation to and from the above activity and confirm that the vehicle carries minimum insurance required by law. I currently hold a valid driver's license in the state of \_\_\_\_\_. The license number is as follows: \_\_\_\_\_. I understand that in using my own vehicle I am traveling at my own risk. In the event of an accident, my own auto insurance will be the primary policy which will cover physical damage to my vehicle, as well as bodily injury and property damage to others. I hereby release and forever discharge Trine University, its successors, assigns, trustees, officers, employees and coaches, of and from any and all manner actions, causes of actions, suites, damages, claims, and demands, on account of personal injury, death, or any cause whatsoever, which I may have against them by reason of or arising out of my participation in the above listed program. I have signed this waiver intending to be legally bound by its terms.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Trine University  
*Club Sport Deposit Form*

Date: \_\_\_\_\_ Sport: \_\_\_\_\_

<u>Deposit:</u>	Cash	\$ _____
	Check/Money Order	\$ _____
	Credit Card	\$ _____
	<b>Total Deposit</b>	<b>\$ _____</b>

Deposit funds in account:

<u>Account No.</u>	<u>Account Name</u>	<u>Amount</u>
_____	_____	\$ _____
_____	_____	\$ _____

REASON (apparel, ticket raffle, your fund raiser name, etc.):  
\_\_\_\_\_

*CASH* (Who is the cash from?):  
Name(s) (and amounts if more than one person paid) \_\_\_\_\_  
\_\_\_\_\_

Did the person receive a benefit for the payment, such as football tickets, T-shirt, hat, etc.? If so, what is the dollar value of the benefit?

If applicable, benefit description and value: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Depositor Signature

\_\_\_\_\_  
Advisor Signature

## TRINE UNIVERSITY

## ASSUMPTION RISK/WAIVER OF LIABILITY AND RELEASE

I \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_  
 (Name) (Address) (Age)

do hereby state as follows:

As a member or guest of the Trine University \_\_\_\_\_ club, organization, or team, I understand I must adhere to all the policies of Trine University. I assume responsibility for any injury, loss or damage resulting directly, or indirectly from participation in such club/organization/team or its activities, and will not institute negligence or other claims against Trine University, its agents, or any other persons who could be held liable in either their individual or official capacities.

I hereby certify to Trine University that I have no known medical problems or conditions which would in any way prevent me from participating in the aforementioned activity.

I hereby fully release and discharge Trine University from any negligence or other claim for liability, loss or damage. I also agree to indemnify the University or its agents from any personal injury or property claim resulting from these actions.

I understand that such club/organization/team activities are performed under this specific understanding. I have read and understand the foregoing and voluntarily sign this Agreement with full knowledge of its significance.

\_\_\_\_\_  
 Signature of Student

\_\_\_\_\_  
 Date

**Emergency Contact Information:**

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Phone

**For Minors: If the participant is not yet eighteen (18) years old, the parent or guardian must sign the following:**

I am the parent/guardian of the above minor child, and have full authority to authorize the above release which I have read and approved.

\_\_\_\_\_  
 Signature of Parent/Guardian

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Address of Parent/Guardian