

Chaminade University of Honolulu

Department of Intercollegiate Athletics

Assumption of Risk

I, the undersigned, understand that while I am participating in intercollegiate athletics, there is a risk of injury. I understand that such an injury can range from a minor injury to a major injury. Such injuries could cause permanent disability such as paralysis, permanent bone or joint injury, permanent scars, other chronic disabling conditions and even death. I hereby accept and assume the risk of injury of and understand the possible consequences of such injury.

I also hereby release Chaminade University of Honolulu its agents and employees, from any liability caused by or arising out of participation in Chaminade University's athletic program, unless solely caused by the negligence of the University, its agents or employees.

Print your Name

Date

Parent/Guardian Signature

(if the student-athlete is under the age of 18)

Student-Athlete Signature

Date