

**THE UNIVERSITY OF TEXAS AT AUSTIN**  
**Division of Recreational Sports**  
**Gregory Gym 2.200 471-3116**

**UTSCA CLUB MEMBER INFORMATION SHEET**

**TO BE COMPLETED BY ALL CLUB MEMBERS**

Participants in The University of Texas Sport Club Association should be **aware of the possible risks** that are inherent in the nature of some of the activities. These risks include, but are not limited to, the **potential for accidents or illness while traveling to and from events, as well as participating in the various club activities.** Every attempt is made to minimize the existing risks through the use of proper sports equipment, safe facilities that are under the Division of Recreational Sports' control, and sound safety practices. However, participants should realize these risks cannot be eliminated completely. If participants meet **minimum physical and mental conditioning and follow safety procedures,** the potential for accidents may be reduced. The Division of Recreational Sports strongly recommends that each club member have an **annual physical examination and personal medical and accident insurance.**

**Notice Concerning Your Information**

The Texas Public Information Act, with a few exceptions, gives you the right to be informed about the information that The University of Texas at Austin collects about you. It also gives you the right to request a copy of that information and to have The University correct any of that information that is wrong. You may request to receive and review any of that information, or request corrections to it, by contacting the University's Public Information Officer, Office of Financial Affairs, PO Box 8179, Austin, Texas 78713 (email:cfo@www.utexas.edu).

_____		_____	_____
Print Last Name	First Name	Sport Club	
_____		_____	_____
Signature	Date	E-Mail Address	
_____		_____	_____
Local Address	Apt. #	Zip	Local Phone / Cell Phone
_____		_____	_____
Permanent Address	City, State	Zip	Permanent Phone
_____		_____	_____
<b>UT EID</b> _____	<b>Date of Birth</b> _____		
<b>TX DL #</b> _____			

**\*If you are planning to drive on any sport club trip, you must be an authorized driver. See the Sport Club Handbook for details.**

---

**Are you covered by a personal medical insurance plan?** \_\_\_\_\_yes \_\_\_\_\_no  
*This includes if you are covered by your parent's medical insurance plan or if you have purchased medical insurance from University Health Services. If you are not covered by any medical insurance plan you must check NO. If you checked YES, a copy of your insurance card must on file in the Sport Club Office.*

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Status: \_\_\_\_\_ Student # hours enrolled currently \_\_\_\_\_  
          \_\_\_\_\_ Faculty/Staff Department \_\_\_\_\_  
          \_\_\_\_\_ Coach

Do you give permission to have the above information released? Yes No

**RELEASE AND INDEMNIFICATION AGREEMENT**  
**The University of Texas at Austin**

**PARTICIPANT:**

\_\_\_\_\_  
Name (last name first - please print or type)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

**DESCRIPTION OF ACTIVITY OR TRIP:**

\_\_\_\_\_  
(Name of Sport Club)

**MODE OF TRANSPORTATION:**

\_\_\_\_\_  
N/A

**LOCATION(s) of activity or trip:**

\_\_\_\_\_  
(Club Practice Location)

**DATE(s) of activity or trip:** FROM \_\_\_\_\_ 20 \_\_\_\_ TO 8/31, 2011

(Date you are completing this form)

I, the above named participant, am eighteen years of age or older and have voluntarily applied to participate in the above Activity or Trip. I acknowledge that the nature of the Activity or Trip may expose me to hazards or risks that may result in my illness, personal injury or death and I understand and appreciate the nature of such hazards and risks.

In consideration of my participation in the Activity or Trip, I hereby accept all risk to my health and of my injury or death that may result from such participation and I hereby release the University of Texas at Austin, its governing board, officers, employees and representatives from any and all liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person, including my death, that may result from or occur during my participation in the Activity or Trip, whether caused by negligence of the University of Texas at Austin, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless the University of Texas at Austin and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in the described Activity or Trip.

**I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DEATH OR DAMAGE TO MY PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY OR TRIP AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGENT OR INTENTIONAL ACT OR OMISSION.**

\_\_\_\_\_  
Signature of Participant

Date signed: \_\_\_\_\_ 20 \_\_\_\_

\_\_\_\_\_  
Signature of Witness

Date signed: \_\_\_\_\_ 20 \_\_\_\_

\_\_\_\_\_  
Printed Name of Witness

## AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT – ADULT

### I. MEDICAL INFORMATION (please type or print legibly)

- a. Name \_\_\_\_\_  
(last, first, middle)  
Address \_\_\_\_\_  
(street or p.o. box, city, state, zip code)  
Telephone Number: Day (\_\_\_\_) \_\_\_\_\_ Night (\_\_\_\_) \_\_\_\_\_
- b. Name of Nearest Relative \_\_\_\_\_  
(last, first, middle)  
Address \_\_\_\_\_  
(street or p.o. box, city, state, zip code)  
Telephone Number: Day (\_\_\_\_) \_\_\_\_\_ Night (\_\_\_\_) \_\_\_\_\_
- c. Physician Name \_\_\_\_\_  
Address \_\_\_\_\_  
(street or p.o. box, city, state, zip code)  
Telephone Number: Office (\_\_\_\_) \_\_\_\_\_ Emergency (\_\_\_\_) \_\_\_\_\_
- d. Dentist name \_\_\_\_\_  
Address \_\_\_\_\_  
(street or p.o. box, city, state, zip code)  
Telephone Number: Office (\_\_\_\_) \_\_\_\_\_ Emergency (\_\_\_\_) \_\_\_\_\_
- e. Health Insurance Company Name \_\_\_\_\_  
Policy Number \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_
- f. Allergies \_\_\_\_\_
- g. Current Medications \_\_\_\_\_
- h. Special Health Needs \_\_\_\_\_

### II. EMERGENCY MEDICAL AUTHORIZATION

I, the undersigned, do hereby authorize The University of Texas at Austin and its designated representatives to consent, on my behalf, to any medical/hospital care or treatment to be rendered upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

The effective dates of this authorization are \_\_\_\_\_  
to August 31, 2011.

I am eighteen years of age or older, have read the above authorization, and confirm that the information contained therein is true and accurate.

\_\_\_\_\_  
(Signature of Participant) Date \_\_\_\_\_, 20 \_\_\_\_\_