VIRGINIA COMMONWEALTH UNIVERSITY
SPORT CLUB MEMBERSHIP FORM

Sport Club: Judo Club Name: John Doe
Birthdate 10 / 30 / 2009 Age: 21

VCU Email: insertnamehere@mymail.vcu.edu Phone #: 555-555-5555
Local Address: XX W. Something St. City: Richmond State: VA Zip: 2322X

Home/Permanent Address: XX W. Something St. City: Somewhere State: VA Zip: XXXXX

Health Insurance Co.: Insert Insurance Company if applicable Policy #: XXXXXXXXXXX

Emergency Contact: Someone Phone #: 444-444-4444 Relationship: Friend

Classification: Student (•) Male ( ) Female

Expected Graduation Date: Semester: Fall Year: 2010 Years in the Club: 2

PASSENGER ACKNOWLEDGEMENT AND RELEASE CONCERNING TRAVEL IN PRIVATE VEHICLES FOR SPORT CLUB ACTIVITIES

By my signature below, I hereby acknowledge and recognize that transportation to and from Sport Club events will be provided by fellow students who are Club members or the volunteer coach and not by the University owned vehicles; that the owners of such vehicles may or may not be reimbursed for travel expenses by club funds and that such owners have certified that they carry such bodily injury and property damage as is required by Virginia law and the Sport Club Guidelines.

Accordingly, and in consideration of these transportation arrangements, I agree to accept such insurance coverage and hereby release Virginia Commonwealth University, Recreational Sports, its agents, offices, instructors and other employees from any injury including death, that may arise to me as a result of such travel.

John Doe JD 9 / 30 / 2009
Participant's Name **Initials** **Date**

By initialing, I understand that I will abide by the guidelines above

IF YOU OWN A CAR, PLEASE FILL OUT THE FOLLOWING:

I am informed that Sport Club participants travel to practices and events in privately owned vehicles for which the University does not provide any insurance coverage. Further, when transportation is furnished by me for the purpose of participating in said Sport Club activities, it is expressly understood that I will be solely responsible for any personal injury or damage to personal property of myself, my passengers or other persons incident to such transportation in traveling to and from any location as is necessary to participate in the sport club activities. I understand that when my privately owned vehicle is used as transportation for me or for other club members, I will certify that my vehicle is covered under an insurance policy, which meets the minimum legal requirement in the Commonwealth of Virginia. I understand that coverage under the Virginia Department of Motor Vehicles or any other uninsured motorist fund is not acceptable.

Car Make: Some Kind of Car **Model:** Some Model **Year:** 2000
License Plate Number: Insert # here **State:** VA

Auto Insurance Company: Insert Insurance here Policy #: XXXXXXXXXX
Owner of Vehicle: John Doe