VIRGINIA COMMONWEALTH UNIVERSITY
SPORT CLUB MEMBERSHIP FORM

Sport Club: _____ Name: _____
Birthdate____/___/_____ Age: _____

VCU Email: _____ Phone #: _____
Local Address: _____ City: _____ State: ____ Zip: _____

Home/Permanent Address:_____ City: _____ State: ____ Zip: _____

Health Insurance Co.: _____ Policy #: _____

Emergency Contact:_____ Phone #: _____ Relationship: _____

Classification: Student ○ Male ○ Female

Expected Graduation Date: Semester: Fall Year: _____ Years in the Club: _____

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.

_____ _____ _____/_____/_____
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: _____ Model: _____ Year: _____
License Plate Number: _____ State: _____

Auto Insurance Company: _____ Policy #:_____
Owner of Vehicle: _____