

Appendix E

Loyola University Chicago
Department of Campus Recreation
Sports Club

Hospitalization Form

Loyola University Chicago

_____ Sports Club

Participant's Name (Please Print)

Social Security #

Address: _____

Phone: _____

Medical/Hospitalization Coverage:

Name of Insurance Company

Name of Agency Providing Coverage

Policy Number

Dates Covered: _____ to _____

Emergency Contact Information:

Name

Relationship

(_____) _____
Telephone No.

(____) _____
Alternate No.

Address: _____

City, State, Zip

Appendix F

Loyola University Chicago
Department of Campus Recreation
Sports Club

Agreement and Release

In consideration of my participation in the Loyola University Chicago

_____ Sports Club, I, understand, acknowledge that I am aware of the risks involved in those activities and I assume those risks. I release and waive, for myself and my successors and assigns, Loyola University Chicago, its trustees, officers, employees, and agents, from any and all claims, of any nature whatsoever for any injury, loss, damage, accident or expense relating to or arising from participation in any Sports Club activities.

Signature

Date

The undersigned is the parent or legal guardian of the above participant in the Loyola University Chicago Sports Club activities, and hereby agrees to be bound by the above agreement and release.

Signature

Date

(For Sports Club participants under the age of 18, the parent or legal guardian must sign the above).