

Sailing Team

Please return to Fletcher Boland, Wheaton box 24

**WHEATON COLLEGE  
SPORTS CLUB INSURANCE INFORMATION**

The undersigned \_\_\_\_\_ hereby certifies that I am  
(print name)

covered by the following medical insurance:

Insurance Co. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

Group Name and/or Number: \_\_\_\_\_

Certificate Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Wheaton College Accident Insurance: \_\_\_\_\_

(Wheaton medical insurance may be purchased through the Business Office)

**RELEASE OF LIABILITY**

The undersigned member of Wheaton College \_\_\_\_\_ Sailing Team \_\_\_\_\_ Sport Club, on behalf myself, my heirs, representative and assigns recognizing that \_\_\_\_\_ Sailing Team \_\_\_\_\_ is an inherently dangerous activity and is a student managed club sport which is not supervised by the College, and in consideration of Wheaton College providing documentation required for the Club to join and participate in any activities, does hereby fully and forever release and discharge Wheaton College, and of its officers, directors, employees, and agents from any and all claims, demands, actions, causes of actions at law or in equity, including negligence, arising or resulting from personal injury or property damage suffered or sustained by me as a result of my participation in any aspect of the activities of the \_\_\_\_\_ Sailing Team \_\_\_\_\_ Club on or away from the Wheaton campus, or my participation in or preparation for club activities and functions.

I understand that this release is a binding legal document and I have read it carefully before signing.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_