2021-2022 Mountain Sports Dues - Name:

The online registration calculated your dues. You can also use the table below to calculate your Mountain Sports dues. Please note that your dues may not cover expenses such as individual licenses, lift tickets, food, required equipment, some entry fees, etc. Please refer to western.edu/mountainsports for more information on what is and isn’t covered by your team dues.

<table>
<thead>
<tr>
<th>Team</th>
<th>Dues</th>
<th>Enter Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mountain Bike - Combined (XC and Gravity)</td>
<td>$700</td>
<td></td>
</tr>
<tr>
<td>Mountain Bike - Cross Country</td>
<td>$600</td>
<td></td>
</tr>
<tr>
<td>Mountain Bike - Gravity</td>
<td>$600</td>
<td></td>
</tr>
<tr>
<td>Trail Running</td>
<td>$600</td>
<td></td>
</tr>
<tr>
<td>Freeride Ski and Snowboard</td>
<td>$700/$500</td>
<td></td>
</tr>
<tr>
<td>Alpine Race</td>
<td>$1500</td>
<td></td>
</tr>
<tr>
<td>Nordic Race</td>
<td>$1500</td>
<td></td>
</tr>
<tr>
<td>Endurance Ski</td>
<td>$400</td>
<td></td>
</tr>
<tr>
<td>Rock Climbing</td>
<td>$700</td>
<td></td>
</tr>
</tbody>
</table>

Enter Total

Multi Sport Discount ([$100]) Enter Discount

Total After Discount

Pay by credit card: https://commerce.cashnet.com/westernmtnpay. Contact kgeisen@western.edu for multi-sport discount coupon. Or enclose a check payable to “Western Colorado University” with the student name in the memo line for the full amount shown in the “Total After Discount” box and mail to:

Assistant Director of Campus Recreation - Mountain Sports
Mountaineer Field House 178
1 Western Way
Gunnison, CO 81231
Western Colorado University
Mountain Sports Student-Athlete Code of Conduct

I. Standards of Conduct

1. As a student athlete at Western Colorado University, I promise to uphold the WCU Student Affairs Code of Academic and Behavioral Codes of Conduct throughout my participation in Western Mountain Sports.

1a. Student athletes are not members of a team until they pay membership dues. This Code of Conduct is a promissory note for membership dues for an individual team or teams; failure to pay full dues by the end of a competitive season will result in disciplinary action.

2. Student-athletes at Western Colorado University are subject to the standards and conduct embodied in the following:
   • State, federal, civil and criminal laws
   • Western Colorado University Student Conduct Code and other applicable student conduct policies, including the hazing policy
   • Maintaining a cumulative GPA of 2.0 or higher after the students’ first semester
   • Individual League Rules

Violation of any of these standards of conduct may result in discipline, as further described in Part II

The failure of a student-athlete to report to the Mountain Sports Staff, within 24 hours, any violation of the above standards of conduct may also result in discipline, as further described:

II. Sanctions and Disciplinary Process

Violation of Team Rules - The Mountain Sports Staff has the authority to impose sanctions for violations of team rules.

Violation of Other Rules or Policies - For violations of rules and policies other than team rules
(For example, violations of Club rules, the Student Conduct Code, etc.), the Mountain Sports Staff may impose sanctions.

Obtaining a cumulative GPA below 2.0 - When a student athlete obtains a GPA below 2.0 they will be suspended from competition indefinably or until the student athletes raises their GPA above a 2.0 on their final grades.

Violation of Criminal Law - When a student-athlete has engaged in conduct that is in violation of the criminal law, whether that conduct constitutes a misdemeanor, gross misdemeanor, felony, or any other class of criminal conduct, the Mountain Sports Staff must report that information to the Director of Mountain Sports and may impose sanctions with the approval of Director of Campus Recreation.

Administrative Suspension When Student-Athlete Charged with Criminal Violation. Student-athletes who are arrested for or charged with violating the criminal law will be placed on immediate administrative suspension from involvement in team activity pending further investigation. If the alleged violation of law would constitute a misdemeanor violation, the Mountain Sports Staff has the authority to decide whether to
lift the administrative suspension. If the alleged violation of law would constitute a more serious violation, however, only the campus administrators may lift the administrative suspension. In all cases in which a student-athlete is arrested for or charged with illegal gambling or sexual misconduct or violence, the student-athlete will be immediately suspended, and the suspension may be lifted only by the campus administrators.

a) First-Time Offenses. Some first-time offenses are serious enough to warrant any of the possible sanctions listed above.

b) Multi-Sport Athletes. Multi-sport athletes will not be relieved of any sanction when changing sports.

c) Underage Alcohol Violation. An underage alcohol consumption violation will be sanctioned at minimum with probation, the terms of which will be determined by Student Affairs.

III. Definition of Team Function

A registered student organization, sport club or athletic team function is defined as: Any gathering, whether on- or off-campus, where the intent or reason to gather is to conduct business or engage in any activity related to the organization’s purpose, and is organized, arranged or initiated by members of the organization, club or team, or is promoted or communicated using organizational or university resources, such as, but not limited to, e-mail, fliers, social media or any communication at any other organizational function.

If any University policies or civil or criminal laws are violated during a function and there is no clear evidence that the sponsoring organization attempted any restraining action through its members or officers, the organization could be held responsible and disciplinary action may be taken.

IV. Appeals

A student-athlete may appeal sanctions imposed upon him or her by the Mountain Sports Staff. The student may commence appeal through the Mountain Sports Staff or the Director of Campus Recreation, or for more significant offenses, through the Office of Student Affairs.

| Student Athlete (Sign) | Student Athlete (Print) | Date |
WESTERN COLORADO UNIVERSITY  
MOUNTAIN TEAMS/PROGRAMS  
Waiver, Release, Assumption of Risk and Indemnification Agreement  

READ THIS AGREEMENT COMPLETELY BEFORE SIGNING. BY SIGNING THIS AGREEMENT, YOU RELEASE THE UNIVERSITY FROM ANY LIABILITY RESULTING FROM YOUR PARTICIPATION IN THE ACTIVITIES LISTED BELOW AND WAIVE ALL CLAIMS FOR DAMAGES AGAINST THE UNIVERSITY.  

I, ______________________________ (print name), intend to participate in Mountain Sports (hereinafter the “Activity”) sponsored by Western Colorado University (name of sponsor) on the dates specified by my individual club and the Mountain Sports Department.  

In consideration of Western Colorado University making arrangements for and permitting and assisting me to participate in this Activity, I agree, for myself, my heirs and assigns, to hold harmless, release, indemnify and forever discharge Western Colorado University (the “University”), its board of trustees, officers, directors, employees and agents and any persons acting on their behalf from and against any and all liability, claims, demands, costs and expenses (including attorneys’ fees) arising out of or in any way connected with bodily injury or property damage relating to or arising out of my participation in the Activity even if the liability, claims, demands, costs and expenses may arise, in whole or in part, out of the negligence or carelessness of the persons or entities mentioned above.  

I am aware that the Activity may include certain inherent risks and dangers. I understand that specific risks vary depending on the level and nature of the Activity, and can range from minor personal injuries such as scratches, bruises, and sprains to major injuries such as eye injuries and back or joint injuries to catastrophic injuries resulting in paralysis or death.  

I understand and assume all the dangers and risks associated with this Activity and waive all claims or causes of action arising out of my participation in this Activity. To the best of my knowledge, I am not aware of any mental or physical disability or health-related reasons or problems that would hinder or otherwise prevent me from safely participating in the Activity. I understand that I am solely responsible for any costs arising out of any bodily injury or property damage sustained through or arising from my participation in the Activity.  

**Personal Vehicle Use**  

In consideration of receiving permission not to be transported in a motor vehicle leased or owned by the University and in furtherance of my request to use transportation of my own choice, I hereby agree, for myself, my heirs and assigns, to release, waive, discharge and covenant not to sue the University, its board of trustees, officers, directors, employees, and agents (hereinafter referred to as the “Releasees”) from any and all liability, claims, demands, actions and causes of action whatsoever, arising out of, or related to, any loss, damage, or injury, including death, or other personal injury, that may be sustained by me, or to any property belonging to me, whether caused by the negligence of the Releasees or otherwise, while being transported to or from an athletic event or practice in a motor vehicle not owned by, leased or under the control of the University.  

I am fully aware of the risks and hazards connected with my transportation, including, the possibility of automobile accidents and the like. I hereby elect to voluntarily be transported in such motor vehicle not owned by, leased or under the control of the University. I attest that I have the proper license, registration and insurance to operate my vehicle and I understand that in the event of an accident I will not be covered by the University’s insurance. I voluntarily assume full responsibility for any risks of property damage, personal injury, including, but not limited to death.  

I further hereby agree to indemnify and hold harmless the Releasees from any loss, liability, damage or costs including court costs and or attorneys’ fees, that they may incur due to my participation in said transportation, whether caused by the negligence of Releasees or otherwise.
This Agreement shall be governed by and in accordance with the laws of the State of Colorado and venue for any action related to this Agreement shall be in the State of Colorado. I expressly agree that this Agreement is intended to be as broad and inclusive as permitted by the laws of the State of Colorado, and that if any portion herein is held to be invalid or unenforceable, the balance shall continue in full legal force and effect. I have carefully read this Agreement, understand the contents herein, and am executing it voluntarily of my own free will. I have had sufficient time to review and seek explanation of the provisions above, have carefully read them, understand them fully and agree to be bound by them.

Nothing in this Agreement shall be construed to waive, limit, or otherwise modify any governmental immunity available to any of the persons or entities released herein under the Colorado Governmental Immunity Act, §24-10-101, et seq., C.R.S.

Mountain Sports Teams:
Circle each team/program listed below you will be participating in:

- Rock Climbing
- Gravity Mountain Biking
- Road Cycling
- Alpine Skiing
- Nordic Skiing
- XC Mountain Biking
- Trail Running
- Big Mountain Freeride Skiing and Snowboarding
- Ski Mountaineering

Other:
Print team/program below, if not listed above:

________________________________________________________________________

Participant Signature: ____________________________
Printed Name: ____________________________
Date: ____________________________
Date of Birth: __________ Age: __________
WCU ID#: ____________________________

IF STUDENT/PARTICIPANT IS UNDER EIGHTEEN (18) YEARS OF AGE, SIGNATURE OF A PARENT OR GUARDIAN IS REQUIRED.

Parent or Legal Guardian Signature: ____________________________
Printed Name: ____________________________
Date: ______

The Following Information to be filled out by the Mountain Sports Staff Only:

- Staff member name: ____________________________
- Checked Photo ID: ______
- Approved Date: __________
- Waiver was put into a file/computer: ______
Western Colorado University Mountain Sports
Insurance and Medical Information Form

Please provide the information about your primary insurance policy.

Student______________________________________________________________________________

Sport(s) ______________________________________________________________________________

Name of Insurance Company _____________________________________________________________

Address ______________________________________________________________________________

City ________________________________________ State ______ Zip Code __________________

Policy Number ____________________________ Group Number _________________________

Insured ____________________________________ Subscriber _________________________________

Insurance company phone number ________________________________________________________

I understand that I am responsible for and am required to have a primary insurance policy in force while participating in Mountain Sports activities at WCU. I understand this policy must be in force to participate in any Mountain Sports activity whether the athlete is “in season” or “out of season.” I agree that all information provided is accurate and complete to the best of my knowledge. I agree and accept full responsibility for payment of any medical costs associated with Mountain Sports participation at Western Colorado University.

____________________________________________________________________________

Athlete’s Signature Date ________________________________________________________________

_______________________________________________________________________________

Parent or Policy Subscriber Signature Date

Address / Phone #

**Subscriber signature (usually the parent) of this policy is required!

STATEMENT OF EMANCIPATION (sign only if student athlete is the subscriber of above policy)

I am emancipated and responsible for purchasing and maintaining my own health insurance policy. I acknowledge that I am the subscriber of the above policy.

_______________________________________________________________________________

Athlete’s Signature Date
Emergency Contact

Primary emergency contact (name): __________________________ Relationship: __________________________
Primary Phone: ____________ Secondary Phone: ____________ Email: __________________________
Secondary emergency contact (name): __________________________ Relationship: __________________________
Daytime Phone: ____________ Evening Phone: ____________ Email: __________________________

Pertinent Medical History

Do you currently have any medical concerns and/or considerations, allergies or medication needs that may inhibit or be exacerbated by your participation in Mountain Sports activities?

☐ NO    ☐ Yes (please explain below)

________________________________________________

Athlete Name

I hereby certify that all of the above information is true and correct to the best of my knowledge.

________________________________________________

Athlete’s Signature  Date

________________________________________________

Parent’s Name (if minor)  Parent’s Signature (if minor)  Date