



2017 NIRSA Collegiate Sport Club Institute

June 21-23, 2017 • Virginia Beach, Virginia

Web: www.nirsa.org/sportclub

Email: billing@nirsa.org

Fax: 541-766-8284

Mail with payment:

NIRSA Headquarters
4185 SW Research Way, Corvallis,
OR 97333-1067

Orders submitted by fax or mail will take 2-3 business days to process and will be handled on a first-come, first-served basis.

For More Information

Contact us: education@nirsa.org.

*The term "member" refers to those with a current NIRSA membership both at the time of registration and throughout the event. If you are unsure about your individual membership status or your institution's membership status, please send an email to membership@nirsa.org.

About You

Last Name _____ First Name _____
as you would like it to appear on your badge

Title _____

Institution / Company _____

Business Mailing Address _____

City _____ State / Province _____ Zip _____

Day Phone _____ Fax Number _____

Email _____

☐ It's okay to share my email address with Associate Members/Nonmembers who are also attending this event

☐ **First-time attendee**

☐ **Ability accommodation request**

A NIRSA representative will contact you regarding your request

☐ **Dietary restrictions**

If you choose any of the above options a NIRSA representative will contact you to follow up regarding your request.

Registration Options

		Early Bird: on or before May 10, 2017	Regular: after May 10, 2017
Professional/Student Member	from a Member Institution	● \$430	○ \$500
	from a Nonmember Institution	● \$480	○ \$550
Additional Member from Same Member Institution		● \$380	○ \$450
Nonmember (Professional/Student)	from a Member Institution	● \$565	○ \$635
	from a Nonmember Institution	● \$600	○ \$670
Associate Member Contact (attending only*)		● \$495	○ \$565
Additional Associate Contact from same Member Company (attending only*)		● \$445	○ \$515
Nonmember (Associate Contact)		● \$650	○ \$720
One-Day Registration	from a Member Institution	● \$235	○ \$285
	from a Nonmember Institution	● \$285	○ \$335
		○ Wednesday ○ Thursday ○ Friday	
One-Day Associate Registration	Member	● \$290	○ \$340
	Nonmember	● \$340	○ \$390
		○ Wednesday ○ Thursday ○ Friday	

Policies & Information

REVIEW THE POLICIES & AGREEMENT:

www.nirsa.net/sportclub/registration

Last Name _____ Institution _____

Preconference Activity

Tuesday, June 20, 2017 | *This event has a maximum capacity

Early Bird
On or Before
May 10, 2017

Regular
After May 10,
2017

Sport Club Institute Precon Activity* - 1:30pm-6:00pm

This activity will involve visiting the Virginia Aquarium & Marine Science Center or the Adventure Park at Virginia Aquarium. Both locations are near each other which give attendees the choice between the two without having to go at a separate time. Lunch is on your own, dinner will be included.

☐ Aquarium ☐ Adventure Park

Member

☒ \$60

☐ \$65

Nonmember

☒ \$65

☐ \$70

Payment

TOTAL _____ Balance must be paid in full before registration can be processed.

☐ Visa ☐ MasterCard ☐ Discover ☐ American Express ☐ PO/Check# _____

Credit Card # _____ Expiration Date _____

Signature _____

☐ I would like to use a second card for a portion of the total. Total to be charged to this card: \$ _____

☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Credit Card # _____ Expiration Date _____

Signature _____

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in the NIRSA Collegiate Sport Club Institute and associated events, hereinafter called "The Activity", I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue, NIRSA, NIRSA Services Corporation, NIRSA Foundation, or their officers, employees, and agents from liability (collectively "NIRSA") from any and all claims including the negligence of NIRSA, its officers, employees and agents, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in The Activity. I further agree to waive the protection afforded by any statute or law in any jurisdiction (e.g. Calif. Civil Code §1542) whose purpose, substance and/or effect is to provide that a general release shall not extend to claims, material or otherwise, which the person giving the release does not know or suspect to exist at the time of executing the release.

Assumption of Risks: Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks may include, but are not limited to (1) minor injuries such as scratches, bruises, and sprains to (2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to (3) catastrophic injuries including paralysis and death. (4) The unavailability of emergency medical care; and (5) the negligent or deliberate act of another person;

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in The Activity. I hereby assert that my participation is voluntary and that I knowingly assume all such risks, and also assume the risk of the unavailability of emergency medical care or the negligent or deliberate act of another person.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD NIRSA HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in The Activity and to reimburse them for any such expenses incurred, and including damages which are caused by the negligence of third parties).

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the Virginia and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: *I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.*

Print Name _____ Date _____

Signature of Participant _____

In Case of emergency please contact:

Name _____ Phone _____