

INTRAMURAL REGISTRATION / WAIVER

Activity: _____ Circle: Men Women Co-Rec
Team Name: _____ (We reserve the right to modify team names)
Starting Date: _____

NOTE: Each person must sign this form, indicating they have read and understood the following waiver.

ASSUMPTION OF RISK:

The Intramural, Recreation and Fitness Office, professional, student and volunteer staff, assumes **NO LIABILITY** for accidents or injuries sustained while traveling to or from, or participating in this or any recreational activity. Yearly health examinations are strongly recommended. University policy *requires* that students have medical insurance coverage to be eligible for participation in university-sanctioned, sponsored, and/or approved activities. The assumption is that students who are participating in such activities are covered by medical insurance, and proof of this coverage can be produced upon the university's request.

By registering for Intramural Activities each participant agrees to abide by the Venango Intramural policies and procedures, and to participate in such a way as to promote the mission of the Intramural program. **FAILURE TO ABIDE BY THESE RULES MAY BE REASON FOR SUSPENSION FROM FURTHER ACTIVITIES.**

Print Name: Signature: Phone #: E-Mail Address

1 _____
(Team Captain on line 1)

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