

**THE COLLEGE OF
WOOSTER**

INTRAMURAL ROSTER AND WAIVER

SPORT _____
TEAM _____

CAPTAIN _____
LEAGUE A B C e-mail: _____
(Circle)

PRINT NAME

EACH PLAYER MUST SIGN
AFTER READING THE WAIVER
ON THE BACK

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____

INTRAMURAL WAIVER

I am a participant or are about to participate in The College of Wooster Intramural Program. I hereby acknowledge that I am participating voluntarily in intramural activities with the full realization that this activity involves a significant risk of bodily injury, including

permanent disability or death with consequential severe, social and economic losses, including damage to the property, myself and others.

I understand that The College of Wooster has provided a health insurance program. I agree to accept all costs of any nature arising out of bodily injury or property damage sustained through participation in intramural activities in excess of benefits provided by the above-referenced policy, recognizing that any medical expenses or any other costs will not be assumed by The College of Wooster. I understand that coverage may not be applicable if I am found to be under the influence of alcohol or other controlled substances. I agree that in exchange for the privilege of participating, I will prior to participating, inspect the facilities and equipment to be used and if I believe anything is unsafe, will immediately advise my coach or supervisor of such conditions and refuse to participate.

I further release, waive, and discharge any rights to hold liable or institute a lawsuit against The College of Wooster, its officers, agents, or employees, for bodily injury, damage to my property, or wrongful death, that might arise out of my respect thereof. It is my intention by signing this release to certify that I am fully responsible for my participation and activities of the Intramural program and therefore hold harmless The College of Wooster.

I hereby certify that I voluntarily sign this release, that I have read of its provisions, and fully understand its significance. I also understand that I am at least 18 years of age as of the date of my signature on this release and waiver.