

EACH TEAM MEMBER MUST READ AND SIGN WAIVER ON BACK TO BE ELIGIBLE TO PLAY

Intramural Sports
Fall 2008
Team Entry Roster



Colorado School of Mines
Office of Recreational Sports
www.csmrecsports.com

Recreational Sports

Sport: _____ Team Name: _____

Captain: _____ Please circle correct division (refer to schedule chart):
Men / Women / Co-Rec / Open

Leagues only:
Must bring \$20 forfeit fee check to cpt's meeting

For **all Leagues**: Circle day and list time to play:
M / T / W / R / Su Times: _____

Phone: _____

Email: _____

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Full Name (please print)	Phone #	Email	D.O.B. (mm/dd/yyyy)
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PARTICIPANTS ARE ONLY ELIGIBLE TO PLAY ON 1 MENS/WOMENS TEAM + 1 CO-REC TEAM

CAPTAIN'S AGREEMENT

As captain, I assume full responsibility for knowing and understanding the information outlined in the Intramural Sports Participant Handbook. I will inform my team members and spectators of all these rules, policies, and procedures, and ensure their compliance. I will ensure that this form is turned in being completed in full. I will and attend the Captain's Meeting and bring the \$20 forfeit fee check.

CAPTAIN'S SIGNATURE: _____ DATE: _____

Participant Waiver of Liability, Assumption of Risk and Indemnification Agreement

1. In consideration of being permitted to participate in the activities of the above-named intramural sports program (hereinafter "Intramural Program"), I, for myself, and on behalf of my heirs, personal representatives and assigns, do hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE the Colorado School of Mines, and its Board of Trustees, officers, employees, agents, and representatives, from any and all liability for any and all damages, losses or injuries to persons or property, which arise out of, occur during or result from my participation in Intramural Program activities.
2. To the best of my knowledge, I am not aware of any physical disability or health-related reasons or problems that would preclude or restrict my participation in Intramural Program activities. I am fully aware of the risks and hazards associated with participating in Intramural Program activities, and I understand that certain, inherent risks cannot be eliminated regardless of the care taken to avoid injuries. 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, or catastrophic injuries resulting in paralysis or death. I understand that my participation in the Intramural Program is purely voluntary, and notwithstanding the risk of injury to my person or property, I elect to participate in the Intramural Program activities, and I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE, AND PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me as a result of my participation in such activities.
3. I have sufficient health insurance coverage to provide for and pay any medical expenses that may directly or indirectly result from my participation in Intramural Program activities and competitions. I understand that the Colorado School of Mines provides no insurance coverage and does not take responsibility for the payment of any such medical expenses.
4. I agree to INDEMNIFY AND HOLD HARMLESS the Colorado School of Mines, its Board of Trustees, officers, employees, agents, and representatives from any and all claims, actions, costs, expenses, damages and liabilities, including attorney's fees, that may be incurred as a result of my participation and involvement in Intramural Program activities.
5. I understand that this Agreement is intended to be as broad and inclusive as is permitted by the law of the State of Colorado, and that if any portion hereof is held invalid, it is agreed that the remaining terms shall continue in full legal force and effect.
6. Nothing in this Agreement shall be construed to waive, limit, or otherwise modify any governmental immunity that may be available to the State of Colorado, Colorado School of Mines, its Board of Trustees, officers, officials, employees, agents and representatives under the Colorado Governmental Immunity Act, Colorado Revised Statutes § 24-10-101, *et seq.*
7. By my signature below, I acknowledge and represent that I have read this PARTICIPANT WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNIFICATION AGREEMENT, fully understand and accept its terms, and sign it voluntarily.

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Full Name (please print)	Signature	C.W.I.D. #	Date
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