INTRAMURAL PARTICIPANT ROSTER

Team Name: _____ Sport/Activity: _____

IMPORTANT WAIVER OF LIABILITY--READ BEFORE SIGNING!
By signing below, I acknowledge that all sports pose a risk of severe physical injury to the participants and I agree to assume the risk of injury resulting from my participation. In the event that I am injured or suffer illness as a result of my participation, I give consent to emergency medical treatment and agree to be responsible for all costs associated with transportation and treatment by a physician and/or other healthcare providers. I hereby relieve Barry University, its employees, and agents from all responsibility for the act or omission of third parties who are called to render medical treatment.

I AGREE THAT I HAVE READ THE FOREGOING AND UNDERSTAND THAT BY SIGNING BELOW I MAY BE WAIVING LEGAL RIGHTS.

Name (please print)	student number	Phone #	Status (stu, fac, staff)	Signature	Valid (office use)

Signature of Recreation/Intramural Director: _____ Date: _____ (visiting schools only)