

Snead State Community College

Intramurals

Individual/Dual Entry Form

SPORT/ACTIVITIES

Assumption Of Risk

Warning: Attention all participants of Snead State Community College Intramurals. You may suffer physical and/or mental injury from participating in these activities. Participation in the Intramural Program is completely voluntary. Individuals whose names and signatures appear on this roster participate at their own risk and assume responsibility for their own health and safety. Snead State Community College, the Intramural Program and officers, agents and employees are not liable for injuries sustained during participation in any Intramural sponsored activity. It is strongly recommended that all participants consult a physician and or have a physical exam prior to participation. Snead State does not provide personal accident/health insurance. Therefore, participants are urged to secure their own adequate health coverage.

Team Name: _____
Print

Participant's Name: _____ Phone #: _____
Print

E-Mail Address: _____ Gender: M F
Print

Partner's Name: _____ Phone #: _____
Print

E-Mail Address: _____ Gender: M F
Print

Participant's Signature: _____ Date: _____

Guardian's Signature (if under18): _____ Date: _____

Partner's Signature: _____ Date: _____

Guardian's Signature (if under18): _____ Date: _____

For Office Use Only: Accepted By _____ Date _____