



Snead State Community College

INTRAMURAL SPORTS & RECREATION — WAIVER AND RELEASE AGREEMENT

I _____, a student/employee at Snead State Community College, agree to participate in the College's Intramural Sports League program. In consideration for being permitted to participate in the program, I hereby agree and acknowledge that:

- Snead State Community College strongly recommends that every person who participates in intramurals has insurance coverage and a physical examination by a doctor, and I hereby release the college and the employees and agents from any responsibility or liability for expenses incurred by me for injuries or illnesses (including death) that may occur because of those injuries or illnesses.

I further agree:

- That it is my obligation to obtain the proper training before competition.
- That it is my obligation to obtain a medical physical examination and a physician's clearance before undertaking physical activity in conjunction with the program.
- That it is my obligation to have any injuries I may suffer treated in a prompt manner.
- That it is my obligation to report any injury to the Intramural Staff in a prompt manner.
- That it is my obligation to reflect positively on the College by avoiding inappropriate behavior and actions before, during, and after practice and competitions.
- That it is my obligation to be proactive in all situations to ensure a healthy and safe environment for my program participation.

- I understand that, although the College has made every reasonable effort to ensure my safety while participating in the Intramural Program, that there are unavoidable risks in sports, and I hereby release and promise not to sue the college or its employees or agents for any damages or injury (including death) caused by, deriving from, or associated with my participation in the program, except for such damages or injury as may be caused by the gross negligence or willful misconduct of the employees or agents of the college.

- I agree that, should any provision or aspect of this agreement be found to be unenforceable, that all remaining provisions of the agreement will remain in full force and effect.

- I represent that my agreement to the provisions herein is voluntary, and further understand that, prior to signing this agreement. I have the right to consult with the adviser, counselor, or attorney of my choice.
- I agree that, should there be any dispute concerning my participation in the program that would require the adjudication of a court of law, such adjudication will occur in the courts of and be determined by the laws of the State of Alabama.
- This agreement represents my complete understanding with the College concerning the College's responsibility and liability for my participation in the program, supersedes any previous or contemporaneous understandings I may have had with the College on this subject, whether written or oral, and cannot be changed or amended in any way without my written concurrence.
- I represent that I am at least eighteen years of age or, if not, that I have secured the signature of my parent or guardian as well as my own.
- I have read and agree to this liability waiver and release agreement.

Participant's Signature: _____

Date: _____

Signature of Participants Guardian (if under 18): _____

Date: _____