

**VCSU Intramural Sports Roster &
Participation, Waiver, and Release of Liability Form**

SPORT: _____ SEMESTER: _____
 CAPTAIN: _____ TEAM NAME: _____
 PHONE NUMBER: _____ CO-CAPTAIN: _____

1. Read all areas of the IM Policies found in the IM Handbook (IM Web Page) which deal with *Eligibility, Sportsmanship, Insurance, Forfeits and Manager Duties.*
2. Rosters must have a minimum of three (3) names over the number of players needed for a team in that sport. Example: 8 for basketball and 9 for volleyball. Be sure to have enough players so you avoid forfeits. 2 forfeits & a team is out of the league.
3. Keep a copy of this roster for your team. Rosters are available to captains in each sport.
4. College letter winners are permitted to play VCSU Intramurals. (2 with 2 letters or less / 1 with 3 or more – per team)

Acknowledgment and Assumption of Risk

I wish to participate in the activity specified above. I am aware that this activity may be a vigorous activity that can involve severe cardiovascular stress and potentially violent physical contact & injury risk.

Nevertheless, **I voluntarily elect to participate in this activity with knowledge of the danger involved, and I hereby agree to accept and assume any and all risks of property damage, personal injury, or death.**

The University does not insure students in the Intramural Program and students who want to be covered must obtain their own insurance.

The University asserts lack of responsibility or liability for injury resulting from the provision of the Intramural Program.

Waiver of Liability and Indemnification:

In consideration for being allowed to voluntarily participate in the above-referenced intramural event, on behalf of myself, my personal representatives, heirs, next of kin, successors and assigns, I forever:

- a. **waive, release, and discharge the State of North Dakota** and its agencies, officers, and employees from any and all negligence and liability for my death, disability, personal injury, property damages, property theft or claims of any nature which may hereafter accrue to me, and my estate as a direct or indirect result of my participation in the above referenced intramural activity or event; and
- b. **indemnify, save, and hold harmless the State of North Dakota** and its agencies, officers, and employees of, from and against any and all claims of any nature including all costs, expenses, and fees arising out of or resulting from my actions during this activity or event.

* I, the undersigned participant, affirm that I am at least 18 years of age and am freely signing this agreement. **I have read this form and fully understand that by signing this form I am giving up legal rights** and/or remedies which may otherwise be available to me regarding any losses I may sustain as a result of my participation. I agree that if any portion is held invalid, the remainder will continue in full legal force and effect.

READ BEFORE SIGNING * WAIVER SIGNATURE	DATE	PRINT NAME ROSTER	READ BEFORE SIGNING * WAIVER SIGNATURE	DATE	PRINT NAME ROSTER
1.* _____	_____	_____	9.* _____	_____	_____
2.* _____	_____	_____	10.* _____	_____	_____
3.* _____	_____	_____	11.* _____	_____	_____
4.* _____	_____	_____	12.* _____	_____	_____
5.* _____	_____	_____	13.* _____	_____	_____
6.* _____	_____	_____	14.* _____	_____	_____
7.* _____	_____	_____	15.* _____	_____	_____
8.* _____	_____	_____	16.* _____	_____	_____

NOTE: ELIGIBILITY OF EACH PLAYERS IM PARTICIPATION WILL BE CHECKED BY IM DIRECTOR.