
INTRAMURAL SPORTS

Registration Form

Team Name: _____

Team Captain: _____ Phone: _____

I am aware of the inherent risk involved when I engage in athletic competition. Further, I understand that the Office of Intramurals Sports at Florida Memorial University does not provide an insurance policy to cover any injury I may incur as result of my participation in the 5-On-5 Intramural Basketball League. The Office of Intramurals Sports will not provide financial remuneration to cover any medical expenses I may incur as result of an injury while participating.

I hereby give permission to the Office of Intramural Sports at Florida Memorial University to use my photographs as they see fit in their seasonal recreational brochure. I understand the photograph belongs to the Office of Intramural Sports and I will not receive payment of any kind. I certify that I have read this RELEASE AND WAIVER in full, understand the same and have signed it voluntarily and without any duress or coercion.

Participant Name (print)

Student #

Signature

<u>Participant Name (print)</u>	<u>Student #</u>	<u>Signature</u>
Captain:		

Team Captain's Signature: _____

For More Information:

Visit the Intramural Sports Office ~ 112 J.C. Sams Student Union ~ Miami Gardens, FL 33054 ~ Tel: 305-626-3688