



University of Wisconsin-Superior

Office of Campus Recreation (MWC 1438)

INTRAMURALS

INDIVIDUAL/DUAL REGISTRATION FORM

(Return to MWC Welcome Desk)

AMOUNT	_____
CHECK #	_____
CASH	_____
INITIALS	_____
DATE	_____

Sport: _____

Individual Name: _____ **Phone #:** _____

Email: _____

Partner's Name (if dual sport): _____ **Phone #:** _____

Email: _____

LEAGUE: (please circle one)
Men's
Women's
CO-ED

DIVISION: (please circle one)
Competitive
Recreational

- All names must be complete (No nicknames)
- Participants must read indemnity statement and sign before participating
- Each student is advised to carry his/her own health/accident insurance
- Current intercollegiate players are not eligible to participate in their respective sport
- Please fill out the times you **ARE NOT** available to play on the back of this sheet.

INDEMNITY STATEMENT

I realize that the activities I participate within the UWS – Intramural Program can be dangerous and that my participation in these activities could result in serious injury or even death to myself or some other person. For these reasons, and in consideration of the University’s granting permission to me to participate in the activities of the University, I agree to release and indemnify the University in accordance with the following paragraphs: On behalf of myself, my family, heirs, and personal representatives, I hereby release the University, its trustees, Board of Regents officers, employees, and agents from any liability for the injuries or death sustained by me as a result of my participation in Intramural activity.

I acknowledge that I have read this agreement carefully, and understand the terms and requirements and fully agree to all conditions contained herein.

INDIVIDUAL'S SIGNATURE: _____

PARTNER'S SIGNATURE (if dual sport): _____