

SPORTS AND ACTIVITIES RELEASE FORM

In consideration of the college's permitting me to participate in sports and events or related activities, I agree for myself, my heirs, or my legal representatives, to release the college, its trustees, officers, agents, employees or insurers, from any action, claim, or demand that I, my heirs, or legal representatives, have or may have for any or all personal injuries I may suffer or sustain, regardless of cause or fault as result of my voluntary participation in sports and events and related activities on or off campus.

I knowingly intend my signature on this agreement to be a complete defense to any legal proceeding that may be brought by anyone on their own or on my behalf for any injury I may suffer or sustain as a result of voluntary participating in sports and events and related activities, and further intend this agreement to be a complete and total release of liability for all negligent acts, failures to act, or breaches of duty owed to me, which result in my personal injury or death as a result of my voluntary participation in sports and events and their related activities, on or off campus.

I certify that I am 18 years of age or older, that I am legally competent and capable of executing this agreement on my own behalf, that I have read the foregoing and have made conscious decision to sign it of my own free will.

I have read, understand, and agree to the above statements.

Print Name

Signature

Date

Team Roster

Semester/Year: _____

Sport: _____ **Team Name:** _____

	Name	Phone #	Status *	Signature
1				
2				
3				
4				
5				
6				
7				
8				
	Captain's Info			
9				

* **Status:** Fr=First Year Student; So=Sophomore; Su=Super Sophomore, F/S=Faculty/Staff