

INTRAMURAL ACTIVITIES PROGRAM AGREEMENT TO PARTICIPATE

I wish to participate in the intramural activities program at The University of Findlay. I acknowledge that I am in good health and good physical condition. I understand that there are risks inherent in any physical activity. I assume the risks and accept the consequences involved in my participation in this event. I understand that if I am injured, I am responsible for my health care costs and I agree to release The University of Findlay, its Board of Trustees, officers, agents, employees, volunteers, or students from any and all claims for injury or illness resulting from my participation in this event. I also understand that the rules and regulations that govern student conduct will be in effect during this event.

Facts concerning my medical history, including allergies, medications being taken, and physical impairments to which a physician should be alerted:

Participant's Name (printed) _____

Address _____

Phone number _____ Date _____

Signature _____