

Intramural Participation Waiver Assumption of Risk Agreement and Informed Consent and Release

PLEASE READ CAREFULLY AND COMPLETELY BEFORE SIGNING

desires to participate in an Intramural activity at Community participant is fully aware of the risks and hazards of person which may arise through participation in this activity, includ transportation to and from the activity. Also, injuries to ank common. Serious injuries (including death, broken bones, paralysis, not meant to be inclusive) can occur from contact ground, or from running on an uneven field.	nal injury, including death or loss of property, ing risks or hazards that arise from cles, knees, shoulders and to the head are back and neck injuries, head injuries, and
The above-named participant further understands that any injury to the participant's person or property, including but a medical services, are the sole responsibility of the participal	not limited to, ambulance and emergency
The above-named participant hereby acknowledges that the Community Colleges of Spokane strongly recommends the examination before participation and further recommends to insurance to cover all accidents or injuries.	at all participants have a yearly physical
In consideration for Community Colleges of Spokane allowing the above-named person to participate in this activity, and receive educational, social and other benefits therefrom, the above-named participant hereby assumes all risks associated with such participation, including the risks associated with transportation to and from all activities, and does hereby fully and forever release and discharge, and covenant to hold harmless, and indemnify and repay any sums paid by Community Colleges of Spokane and/or its trustees, officers, employees, agents, or their heirs, successors, executors and assigns from or for any and all claims, demands, rights of action or causes of action, including negligence, present or future, whether the same are known or unknown, anticipated or unanticipated, resulting or arising from or incident to the above-named person's participation in the aforementioned activity.	
I am at least 18 years of age and legally competent to sign	this form. I have read and fully understand
the foregoing Assumption of Risk Agreement and Informed	Consent and Release, and hereby execute
the same voluntarily on this day of	, 20
Participant's Signature:	
Print Full Name:	
Student/Staff ID Number:	
Team Name & Sport:	