

# PHYSICAL EDUCATION, ATHLETICS & RECREATION



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2005-2006

## Intramural Participation Waiver Form ASSUMPTION OF RISK AGREEMENT AND INFORMED CONSENT

### PLEASE READ CAREFULLY AND COMPLETELY BEFORE SIGNING

(PRINT NAME HERE): \_\_\_\_\_ is an eligible participant who voluntarily desires to participate in **any SCC Intramural event** at the Community Colleges of Spokane. The above-named participant is fully aware of the risks and hazards of personal injury, including death or loss of property, which may arise through participation in this tournament, including risks or hazards that arise from transportation to and from the event. Also, injuries to ankles, knees, shoulders and to the head are common. Serious injuries, (including death, broken bones, back & neck injuries, head injuries, and paralysis, not meant to be inclusive) can occur from contact with other participants, contact with the ground, or from running on an uneven field.

The above-named participant further understands that any and all expenses arising from an accident or injury to the participant's person or property, including but not limited to, ambulance and emergency medical services, are the sole responsibility of the participant.

The above-named participant hereby acknowledges that the Intramural Sports Department at the Community Colleges of Spokane strongly recommends that all participants have a yearly physical examination before participation and further recommends that the named person purchase insurance to cover all accidents or injuries.

In consideration for the Community Colleges of Spokane allowing the above-named person to participate in this tournament, 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 events, and does hereby fully and forever release and discharge, and covenant to hold harmless, and indemnify and repay and sums paid by the 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, 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 have read and fully understand the foregoing Assumption of Risk Agreement and Release and hereby execute same voluntarily on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Participant's Signature \_\_\_\_\_

Print Full Name \_\_\_\_\_

Student ID Number \_\_\_\_\_

Team Name & Sport \_\_\_\_\_

**PLEASE READ CAREFULLY AND COMPLETELY BEFORE SIGNING**