

Sport or Event: _____

Participant's Name Print: _____

Primary Phone: _____ E-mail: _____

Gender: Male Female **Division:** Men's Women's Co-Rec

Risk Waiver and Assumption of Liability

Your participation in this could result in physical injury which could be serious or fatal! Austin Peay State University assumes no responsibility for injuries received during UREC activities. Faculty and staff are reminded that UREC participation is completely voluntary. It is strongly recommended that all participants have a physical examination and secure adequate medical insurance prior to participation.

I attest that I have read the warning statement above. By signing I also attest that I assume all financial responsibility for any and all medical treatment and transportation. If I have or have had any physical conditions, limitations or surgery, particularly of the heart, lungs, joints, muscles, or have been inactive for some time, it is my sole responsibility to consult a physician before beginning this activity. As a participant, I also assume knowledge of all rules for this activity.

Model Waiver: I hereby consent to and authorize Austin Peay State University to use and/or reproduce photographs (which have been taken of me in conjunction with this event by an APSU official or agent representing APSU) for reproduction in brochures, booklets, print advertisements and/or on APSU's website that promote APSU or a department, office, program of APSU. The negatives/pictures of me are the property of APSU to be used only as described above.

Participant's Name (Please Print) _____

Banner ID _____

Participant's Signature _____

Date _____

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				<input type="checkbox"/> Database Roster Entry	
Date Paid	Amount	Receipt #	Staff Initials		IM Staff
Placed on Team <input type="checkbox"/> Yes <input type="checkbox"/> No			_____		
Added to Roster <input type="checkbox"/> Yes <input type="checkbox"/> No			Team Name		

Supervisor					

INTRAMURAL SPORTS AVAILABILITY FORM

Team Name: _____ League: Men Women Co-Rec

Division: A B Greek Res Hall

Monday	Tuesday	Wednesday	Thursday	Sunday
5:00 <input type="checkbox"/>	5:00 <input type="checkbox"/>	5:00 <input type="checkbox"/>	5:00 <input type="checkbox"/>	5:00 <input type="checkbox"/>
6:00 <input type="checkbox"/>	6:00 <input type="checkbox"/>	6:00 <input type="checkbox"/>	6:00 <input type="checkbox"/>	6:00 <input type="checkbox"/>
7:00 <input type="checkbox"/>	7:00 <input type="checkbox"/>	7:00 <input type="checkbox"/>	7:00 <input type="checkbox"/>	7:00 <input type="checkbox"/>
8:00 <input type="checkbox"/>	8:00 <input type="checkbox"/>	8:00 <input type="checkbox"/>	8:00 <input type="checkbox"/>	8:00 <input type="checkbox"/>
9:00 <input type="checkbox"/>	9:00 <input type="checkbox"/>	9:00 <input type="checkbox"/>	9:00 <input type="checkbox"/>	9:00 <input type="checkbox"/>
10:00 <input type="checkbox"/>	10:00 <input type="checkbox"/>	10:00 <input type="checkbox"/>	10:00 <input type="checkbox"/>	10:00 <input type="checkbox"/>

Please mark **at least 5 hours** when your team can play. Rank time slots in order of preference (1 being your most preferred time). Sunday will be used on a need basis only. Your 1st 5 hours of availability **should not** be on Sunday. Mark any **additional** time slots that you can play as well. The more times you mark, the easier it will be to schedule your team and the more teams you will be able to play.

List any dates, events, or times that interfere with your normal availability. Also, if you have more than one team, let us know which ones you play on so we won't schedule them at the same time.

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Date: _____ Amount paid: _____ Receipt #: _____ Staff Initials: _____