

Team Name	Today's Date	Sport
(    )    -	(    )    -	@my.apsu.edu
Captain	Captain's Primary Phone	Captain's APSU Email
(    )    -	(    )    -	@my.apsu.edu
Alternate Captain	Alt. Captain's Primary Phone	Alt. Captain's APSU Email

### 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 participant 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.

	Name (print)	Signature	Banner ID #	Gender
1.	_____	_____	A _____	<input type="checkbox"/> M <input type="checkbox"/> F
2.	_____	_____	A _____	<input type="checkbox"/> M <input type="checkbox"/> F
3.	_____	_____	A _____	<input type="checkbox"/> M <input type="checkbox"/> F
4.	_____	_____	A _____	<input type="checkbox"/> M <input type="checkbox"/> F
5.	_____	_____	A _____	<input type="checkbox"/> M <input type="checkbox"/> F
6.	_____	_____	A _____	<input type="checkbox"/> M <input type="checkbox"/> F
7.	_____	_____	A _____	<input type="checkbox"/> M <input type="checkbox"/> F
8.	_____	_____	A _____	<input type="checkbox"/> M <input type="checkbox"/> F
9.	_____	_____	A _____	<input type="checkbox"/> M <input type="checkbox"/> F
10.	_____	_____	A _____	<input type="checkbox"/> M <input type="checkbox"/> F
11.	_____	_____	A _____	<input type="checkbox"/> M <input type="checkbox"/> F
12.	_____	_____	A _____	<input type="checkbox"/> M <input type="checkbox"/> F
13.	_____	_____	A _____	<input type="checkbox"/> M <input type="checkbox"/> F
14.	_____	_____	A _____	<input type="checkbox"/> M <input type="checkbox"/> F
15.	_____	_____	A _____	<input type="checkbox"/> M <input type="checkbox"/> F
16.	_____	_____	A _____	<input type="checkbox"/> M <input type="checkbox"/> F
17.	_____	_____	A _____	<input type="checkbox"/> M <input type="checkbox"/> F
18.	_____	_____	A _____	<input type="checkbox"/> M <input type="checkbox"/> F
19.	_____	_____	A _____	<input type="checkbox"/> M <input type="checkbox"/> F
20.	_____	_____	A _____	<input type="checkbox"/> M <input type="checkbox"/> F

# 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 1<sup>st</sup> 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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**For Office Use Only**

Date: \_\_\_\_\_ Amount paid: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Staff Initials: \_\_\_\_\_