



Assumption of Risk and Release of Liability
Team Sports & Group Activities

Sport or Activity _____ Team Name _____

1. I voluntarily desire to participate in Intramural Sports and Intramural Open Recreation. I understand that I
2. I have been encouraged to procure insurance which provide for general medical benefits and health and accident coverage for injury or loss I may occur.
3. Prior to physical activity, I should check with my doctor(s) to ensure that participation will not be a risk to myself or others.
4. I have read and fully understand the written safety and others rule and precautions that are a part of the requirement for my participation in the above referenced sport/activity, as well as those explained to me by the University of Hawaii-Hilo, its officers, agents, and employees from any and all claims of actions for property damage, and/or personal injury which may result from my failure to abide by these safety rules and precautions or from any inherent risk inside sport/activity.
5. I have reviewed the Intramural eligibility rules and I am currently affiliated with University of Hawaii-Hilo and have signed to this official team entry/roster or open recreation check-in form prior to participation in the program.
6. I am aware that the activity is a dangerous activity and that I may suffer bodily or other damage arising out of participation in the activity, including travel to and from it.

The undersigned have read this assumption of risk and release of liability and consent knowingly and voluntarily.

Team Members

1 Print Name:	Signature:	Phone: Student ID #:
2 Print Name:	Signature:	Phone: Student ID #:
3 Print Name:	Signature:	Phone: Student ID #:
4 Print Name:	Signature:	Phone: Student ID #:
5 Print Name:	Signature:	Phone: Student ID#:
6 Print Name:	Signature:	Phone: Student ID#:
7 Print Name:	Signature:	Phone: Student ID #:
8 Print Name:	Signature:	Phone: Student ID#:

Please use a second waiver form if you have more 8 team members.