

2006-07 INTRAMURAL PROGRAM RELEASE

THIS IS AN IMPORTANT DOCUMENT READ IT CAREFULLY BEFORE SIGNING

I desire to participate in Drury University's Intramural program. I acknowledge that my participation is voluntary, and not required by Drury University. I understand that participation in this program will expose me to some degree of risk and personal injury during intramural competition. I have been briefed by Drury, or am otherwise aware of, the potential risks involved in my participation, and have chosen to participate because of the development which I hope to achieve.

In return for the opportunity to participate in the program, I hereby release Drury University, its agents, employees, and servants, from any liability to me. Furthermore, I hereby agree to indemnify and hold harmless the university, its officers, agents and employees, for any loss or cost they may suffer, (including attorney's fee) by reason of any such claim asserted or recovered by or on behalf of me, to include any claim or liability arising out of the selection, authorization, or actions of any medical doctor, trainers, or hospital personnel, or Drury University, its agents, employees, and servants.

I also authorize Drury to contract for such medical or hospital services as the University, its agents, servants, and employees may believe to be necessary in the event of injury to me, and agree that I will be solely responsible for payment for such services.

I have carefully read this release prior to signing it, and all my questions concerning it have been answered, so that I sign it with full understanding of it.

If under 18, please complete this side

Student's Signature

Parent or Guardian's Name

Student ID Number

Parent or Guardian's Address

Organization/Team

Home Phone

Date

Business Phone

Student's Printed Name