

# Adult Intramural Sports Waiver and Consent

Participant Full Name

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Date of Birth

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Address

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Phone Number

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Email Address

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## Waiver of Liability

By signing below, I acknowledge that participation in intramural sports involves inherent risks, including but not limited to physical injury. I hereby voluntarily assume all risks associated with my participation. I release, discharge, and hold harmless the organizers, sponsors, facility owners, and all affiliates from any liability, claims, demands, or causes of action arising out of my participation.

## Consent and Acknowledgement

I confirm that I am in good health and have no condition that would prevent safe participation. I have read and understand all rules and agree to abide by them. In the event of injury, I authorize medical treatment as deemed necessary.

Participant Signature

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Date

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