



MINNESOTA STATE UNIVERSITY

Office of Campus Recreation (MF 118)



INTRAMURAL SPORTS INDIVIDUAL/DUAL REGISTRATION FORM

(Return to MF 118 only!)

Sport: _____ Date: _____

Organization Name (for ALL-U Points): _____

Individual Name: _____ Tech ID.# _____

Address: _____ Phone #: _____

_____ Email: _____

Partner's Name (if dual sport): _____ Tech ID.# _____

Address: _____ Phone #: _____

_____ Email: _____

<p>LEAGUE: (please circle one)</p> <p>Men's</p> <p>Women's</p> <p>CoRec</p>

<p>DIVISION: (please circle one)</p> <p>A (Competitive)</p> <p>B (Recreational)</p>
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ELIGIBILITY

This certifies that I know and understand the Intramural Sports eligibility rules and have completely checked the eligibility of all players on my team. If there is any discrepancy, I will assume full responsibility. I understand that failure to comply with these rules may mean forfeiture of all games in which ineligible players participated and/or removal from the league.

ASSUMPTION OF RISK AGREEMENT

I agree to indemnify, defend, and hold harmless, Minnesota State University (the University) and their officers, agents, and employees from any claims, damages, and actions of any kind or nature, whether at law or in equity, arising from my participation in this Intramural Program, provided that such liability is not attributable to the sole negligence of the University. I realize that my participation in this activity involves risks of injury and that by signing this form I desire, consent, and voluntarily choose to take part in all such activities. I assume all risks normally incident to the nature of the activity and agree that the University or any of its officers, agents, and employees conducting the activity will not be responsible for any damages or injuries resulting to me. Furthermore, I also confirm that I have appropriate healthcare insurance for this activity or if not, that I will not rely upon the University for medical expenses. I also understand that any injury incurred and the resulting medical expense from that injury will be my responsibility and the University will not be responsible for any related expenses.

<p>INDIVIDUAL'S SIGNATURE: _____</p>

<p>PARTNER'S SIGNATURE (if dual sport): _____</p>
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