

WCU Rec and Leisure Prog*RAMS*
Individual Entry Registration Please Print

Sport: _____	Date: _____
Name: _____	WCU ID#: _____
Local Address: _____	
Cell Phone: _____	Email Address: _____

Note: Individuals registering for a team sport will be assigned to a team at the Captains' meeting. If you do not attend, then you will not be eligible to play.

Please read and check the "I accept" box at the bottom of this Registration. Thank you.

Informed Consent Agreement

Thank you for choosing to participate in the Intramural Sports program provided by the Department of Recreation and Leisure Programs. We request your understanding and cooperation in maintaining both your safety and health by reading and signing the following informed consent agreement.

I understand that part of the risk involved in undertaking any recreational activity is relative to my own state of fitness or health (physical, mental, or emotional) and to the awareness, care, and skill with which I conduct myself in that sport. I acknowledge that my choice to participate in this intramural sport brings with it my assumption of those risks or results stemming from this choice and the fitness, health, awareness, care and skill that I possess and use.

I understand that the Intramural Sports program will be conducted by personnel who may not be licensed, certified, or registered instructors or professionals. I accept the fact that the skills and competencies of some employees and/or volunteers will vary according to their training and experience and that no claim is made to offer assessment or treatment of any mental or physical disease or condition by those who are not duly licensed, certified, or registered and herein employed to provide such professional services.

I understand that the dangers and risks from my participation in this intramural sport may include serious injury to virtually all internal organs and other aspects of the muscular/skeletal system, to other aspects of my body, including death, and general health and well being. I acknowledge that I am responsible for my injuries I may sustain, that I may cause to others, and damage I may cause to the facilities.

I also understand that I am responsible for my own medical expenses due to an injury sustained while participating in the Intramural Sports program. The Department of Recreation and Leisure Programs and West Chester University do not provide any medical insurance coverage for participants in its Intramural Sports Program.

I understand that I may ask any questions or request further explanation or information about this specific recreational activity at any time before, during, or after my participation.

By checking the box below I have read, understood, and agree to the contents of this informed consent agreement in its entirety.

I accept