



Intramural Participation Waiver Assumption of Risk Agreement and Informed Consent and Release

PLEASE READ CAREFULLY AND COMPLETELY BEFORE SIGNING

(Print Name Here): _____ is an eligible participant who voluntarily desires to participate in an Intramural event at Community Colleges of Spokane. The above-named participant is fully aware of the risks and hazards of personal injury, including death or loss of property, which may arise through participation in this event, including risks or hazards that arise from transportation to and from the event. Also, injuries to ankles, knees, shoulders and to the head are common. Serious injuries (including death, broken bones, back and neck injuries, head injuries, and paralysis, not meant to be inclusive) can occur from contact with other participants, contact with the ground, or from running on an uneven field.

The above-named participant further understands that any and all expenses arising from an accident or injury to the participant's person or property, including but not limited to, ambulance and emergency medical services, are the sole responsibility of the participant.

The above-named participant hereby acknowledges that the Intramural Sports Department at Community Colleges of Spokane strongly recommends that all participants have a yearly physical examination before participation and further recommends that the above-named person purchase insurance to cover all accidents or injuries.

In consideration for Community Colleges of Spokane allowing the above-named person to participate in this event, and receive educational, social and other benefits therefrom, the above-named participant hereby assumes all risks associated with such participation, including the risks associated with transportation to and from all events, and does hereby fully and forever release and discharge, and covenant to hold harmless, and indemnify and repay any sums paid by Community Colleges of Spokane and/or its trustees, officers, employees, agents, or their heirs, successors, executors and assigns from or for any and all claims, demands, rights of action or causes of action, including negligence, present or future, whether the same are known or unknown, anticipated or unanticipated, resulting or arising from or incident to the above-named person's participation in the aforementioned activity.

I am at least 18 years of age and legally competent to sign this form. I have read and fully understand the foregoing Assumption of Risk Agreement and Informed Consent and Release, and hereby execute the same voluntarily on this _____ day of _____, 20____.

Participant's Signature: _____

Print Full Name: _____

Student/Staff ID Number: _____

Team Name & Sport: _____