# Winona State University

## Intramural Sports and Recreation

### Roster and Waiver

Please have all participants read and sign the release and indemnity agreement below.

I hereby recognize and acknowledge that the Intramurals Department of Winona State University does not carry special health and/or hospital insurance other than such medical services as are normally provided for students by the University Health Center. I hereby recognize that there are certain risks inherent in participating in the Intramurals sports at Winona State University, which I hereby voluntarily assume. I will hereby release Winona State University and all of their employees from all claims on account of injury which may be sustained while participating in the Intramural sport or any related activity, events or services provided during competition.

Team Name: _____ Sport: _____

| Player's Printed Name | Player's Signature | Student ID# | Phone # | Email Address |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**Captain's Name:** _____ **Captain's Email:** _____