Intramural Assumption of Risk Form

| I agree that as a partic | cipant in the ath | hletic program at New River Community College, I am |
|--|---|---|
| responsible for my own behavior | or and well-being. I acknowledge | that I've been informed of the general nature of |
| theath | letic program and I understand th | nat it may involve risks to my personal safety. Unless |
| otherwise reschedule, this prog | gram's activities will begin on or al | bout(date/semester/season) and end |
| (da | | |
| | | |
| Participation in this at | thletic program may contribute to | o, or result in the loss of, or damage to, personal equipment |
| and accidental injury, illness, or | in extreme cases, personal traum | na or death. Risks during participation in this program |
| | | ates and other participants in practices and games, getting |
| | nts, breaking bones, and experien | |
| , 00 | , , , , | · , , |
| I understand that in t | he event of accident or injury pers | sonal judgment may be required by program personnel |
| regarding what actions should o | or must be taken on my behalf. N | Nevertheless, I acknowledge that the college personnel may |
| | | o understand that it is my responsibility to secure personal |
| | | my personal health and physical condition. |
| , | | , , , , |
| I further agree to abid | le by any and all the college's rule | es applicable to this athletic program; and, I will take |
| responsibility for abiding by spe | ecific requests made of me for my | safety, the safety of others, where the welfare of any |
| | | It the college reserves the right to exclude my participation in |
| | · - | is deemed detrimental to the safety and welfare of others. |
| ,,,,,, | , | ,, , |
| Therefore, in consider | ration for being permitted to parti | cicipate in this activity on my own initiative I hereby agree |
| that I am responsible for any re | sulting personal injury, damage to | o or loss of, my property which may occur as a result of my |
| | | this activity, unless any such personal injury, damage to or |
| | | ge. I understand that this assumption of risk form will remain |
| | | |
| | | a specific revocation of this document is filed in writing with |
| the athletic director or other co | niege administrator at which time | e my participation in this athletic program will cease. |
| Lacknowledge that Li | nave read and fully understand thi | is document. I further acknowledge that I am excepting |
| these personal risks and conditi | | is document. Fruither acknowledge that rain excepting |
| these personal risks and condit | ons of my own nee win. | |
| In case an emergency situation | arises, please contact | (name) |
| at | - | |
| | (priorie name), | |
| I represent that I am 18 ye | ars of age or older and legally cap | pable of entering into this agreement. |
| , | , , , , , | , |
| | | |
| Participant's signature | Date | |
| | | |
| Address | | |
| | B years of age, the following section | on must be completed: |
| | , , care or age, and remember and | 7 |
| My child/ward is under 18 | years of age and I am hereby pro- | oviding permission for him or her to participate in this activity |
| | or his or her behavior during this a | |
| и вет по | | |
| | | |
| Child's name | parent's or guard | dian's signature |
| | . 3 | - |
| | | |
| Address | | date |
| | Woltz, system counsel for the VC | |
| pp. 0.00 00 to 101111 by 111tu 111 | , -, | , , -, |