

WAYNE STATE UNIVERSITY INTRAMURAL RELEASE FORM

Team/ Group _____
Semester Fall Winter Spring/Summer 20____

In consideration of being permitted to participate in intramural sports in general and _____ in particular, and in consideration of being permitted to use Wayne State University athletic facilities, the undersigned, for themselves, their spouses, legal representatives, heirs, and assigns, hereby release, waive, discharge, and hold harmless the Board of Governors of Wayne State University and its Division of Health and Physical Education, including their officers, governors, employees, and agents, from any and all liabilities, claims, damages, or actions arising for or incurred because of any transaction or occurrence associated directly with participation in the above-mentioned activities.

The undersigned hereby acknowledge and assume full responsibility for the risk of bodily injury, death, or property damage due, directly or indirectly, to participation in the above-mentioned activities.

In witness whereof, the undersigned have executed this release on the date(s) indicated, which signatures shall be construed as affirmation that the undersigned have read the foregoing and understand and agree to the contents hereof.

1. Print Name _____ Student Number _____

SIGNATURE _____ Date _____

2. Print Name _____ Student Number _____

SIGNATURE _____ Date _____

3. Print Name _____ Student Number _____

SIGNATURE _____ Date _____

4. Print Name _____ Student Number _____

SIGNATURE _____ Date _____

5. Print Name _____ Student Number _____

SIGNATURE _____ Date _____

6. Print Name _____ Student Number _____

SIGNATURE _____ Date _____

7. Print Name _____ Student Number _____

SIGNATURE _____ Date _____

8. Print Name _____ Student Number _____

SIGNATURE _____ Date _____

9. Print Name _____ Student Number _____

SIGNATURE _____ Date _____

10. Print Name _____ Student Number _____

SIGNATURE _____ Date _____

11. Print Name _____ Student Number _____

SIGNATURE _____ Date _____

12. Print Name _____ Student Number _____

SIGNATURE _____ Date _____