

Department of Recreational Services Intramural Form

Doubles Sports

Please print clearly:

Player 1 Name: _____ **Player 2 Name:** _____

Sport: _____ **Divison (circle one):** Men Women Co Rec

Player 1 Information

University Status (circle one): Faculty Staff Alumni Student

Please circle one: Resident Commuter **Banner # 855-** _____

Home Address _____ **City** _____ **State** _____ **Zip** _____

(____) _____ (____) _____
Home/ Campus Phone **Cell Phone** **Email Address**

Emergency Contact: _____ (____) _____
Name **Phone**

Player 2 Information

University Status (circle one): Faculty Staff Alumni Student

Please circle one: Resident Commuter **Banner # 855-** _____

Home Address _____ **City** _____ **State** _____ **Zip** _____

(____) _____ (____) _____
Home/ Campus Phone **Cell Phone** **Email Address**

Emergency Contact: _____ (____) _____
Name **Phone**

PLEASE READ AND SIGN BELOW

Assumption of Risk, Waiver, and Release from Liability

I understand that there are certain risks and that accidents and/or injuries may occur in the various activities of the William Paterson University Department of Recreational Services Intramural Program. I further understand that certain activities require proper training and proper physical conditioning. Knowing the risks and conditions required for the activity in which I voluntarily participate, I hereby agree to assume the responsibility of any and all risks, accidents, and injuries. I further understand that all medical costs resultant from injuries and/or accidents occurring during these activities will be my own responsibility.

In consideration for being allowed to participate in this activity, I the undersigned, hereby waive all claims for injury or accident or liability of any kind and do hereby release William Paterson University, its staff, all supervisors, officials, managers, and owners of the property on which the facility is located, from any claims, now or in the future for such injury or accident.

Player 1 Signature _____ **Date** _____ **Player 2 Signature** _____ **Date** _____

ALL INTRAMURAL FEES ARE NON-REFUNDABLE

OFFICE USE ONLY

Date: ____/____/____ **Time:** ____:____:____ **Received by:** _____

Amount paid by player: \$ _____ **Circle one:** Cash Pioneer Express Check

This form has been checked and verified for all pertinent information. Please check if verified _____