East Central University

Sport:_____

Season:_____

Intramural Department

Team Registration Form

Team Name	Captain Name*
Contact Number*	**Email***

Mailing Address*	City*	Zip*

By signing this form, I acknowledge the following:

WAIVER: I voluntarily agree to participate in this or these programs, or any extensions thereof. I hereby waive, release, and hold harmless from any liability for damages or claims for damages for personal injury, including death, as well as from claims for property damage which may arise in connection with the above named activity, against the Supervisor, East Central University and its elected and appointed officials, agents, and employees. I agree that East Central University will not assume responsibility for my injuries and that I am responsible for any and all costs incurred as a result of said treatment. I hereby give permission to East Central University and the Intramural Department to use my photograph as they see fit for advertising. I understand that all photographs belong to the University and I will not receive payment of any kind.

CODE OF CONDUCT: I acknowledge and agree to abide by the policies and conditions of East Central University, "Intramural Department Code of Conduct."

Print Name:	Signature:	Phone Number:	ID Number: