UW-WHITEWATER MARCH 9-10, 2018

WIRSA

STATE OF WISCONSIN EXTRAMURAL TOURNAMENT

Waiver

Please have all team members review and sign:

I understand that not all risks can be foreseen and there are some risks which are unpredictable. I understand that there are certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. I am aware of the risks of participation, which include, but are not limited to, the possibility of physical injury, fatigue, bruises, contusions, broken bones, concussion, paralysis, and even death. I understand that the university has advised me to seek the advice of my physician before participating in the intramural sports activities. I understand that I have been advised to have health and accident insurance in effect and that no such coverage is provided for me by the University or the State of Wisconsin. ***I know, understand, and appreciate the risks that are inherent in the programs and activities. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.***

12/14/2017

	Print Name	Signature
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Office Use Only

Date Received	Amount Paid	Payment Method	Staff Initials
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