

ANDERSON UNIVERSITY INTRAMURAL SPORTS

TEAM NAME _____

SPORT (CIRCLE ONE): ULTIMATE FRISBEE CORN HOLE

PRO MEN'S FOOTBALL SCRUB MEN'S FOOTBALL WOMEN'S FOOTBALL

Place an "X" in the box when your team is unavailable and **CANNOT** play

YOU MAY ONLY "X" OUT A TOTAL OF 6 BOXES

	Monday	Tuesday	Wednesday	Thursday
4:00pm				
5:00pm				
6:00pm				

**Due: 9-13-11 @
4:00pm in CAB
office with entry
fee.**

\$20-Football

\$20-Ultimate Frisbee

\$10-Cornhole

Questions call: X4214

- All participants must be current AU students, faculty, or staff and must sign form to play; not signing may result in team disqualification or game forfeiture.
- The IM office will try to schedule your team according to your above stated times. It is not a guarantee.
- Sorry, the above unavailability times are ***not carried over into tournament play.***
- Two members of the team, for coed sports, must be of minority gender.
- If sports are refereed, the referee has final authority.
- **Team names crude or vulgar in nature will result in two automatic losses Posted to your season record.**

NOTE: Cornhole teams must have a minimum of 2 players, but no more than 3. Also, rule requiring a certain number of minority gender players does not apply to Cornhole.

INTRAMURAL LIABILITY RELEASE FORM

My signature below indicates acknowledgement that participation in the above activity is wholly voluntary on my part. I have been provided with information about this activity and accept full responsibility for my decision to participate. I understand Anderson University does not provide health insurance coverage for any injury that might occur during my participation. I hereby release Anderson University and any faculty, staff, or student that may be involved in planning or supervising this activity from all liability should I be injured as a result of my participation.

I agree to abide by the rules and regulations set forth by Anderson University Intramural & Recreation Sports Department and all activity sponsors and agree to obey the students and professional staff enforcing said rules. I have carefully read this agreement and fully understand its content. I am aware that this is an Assumption of Risk Agreement and I sign this agreement of my own free will.

I further realize that I will not be permitted to participate in Anderson University Intramural and Recreation sports if I fail to sign this agreement.

Last Name, First Name	Signature	Student ID #	Phone #
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

* denotes Team Captain