

Limestone University
Department of Intramurals and Student Activities
Individual Liability Waiver

Name: _____ Student ID: _____
Mobile Number: _____ Email Address: _____
Emergency Contact: _____ Phone: _____
Relationship: _____

To be completed by legal guardian if participant is a minor.

PARTICIPANT RESPONSIBILITY: I understand that it is my responsibility to know, understand, and comply with all applicable Limestone University Intramurals and Student Activity rules, policies, and procedures; I understand that failure to comply with these rules will result in disciplinary action.

Initial: _____

INSURANCE RESPONSIBILITY: Limestone University does not provide insurance for participants. It is strongly recommended that all participants have a satisfactory health status and appropriate medical and/or personal accident insurance coverage for any injury, which might occur during participation in a Limestone University recreation, Intramurals and fitness activity.

Initial: _____

WAIVER, RELEASE, and ASSUMPTION of RISK: In consideration of permission to participate in recreational sports activities organized by The Limestone University Department of Intramurals and Student Activities on behalf of myself, my family, my heirs, and my assigns, I hereby release and hold harmless The Limestone University Department of Intramurals and Student Activities, the Board of Trustees, the State of South Carolina, Limestone University, and its employees and agents from liability for injury, death or property loss suffered by me resulting from ordinary negligence of the Department of Intramurals and Student Activities, its agents or employees while I am using the facilities, equipment, participating in events or in any way associated with participating in the Intramurals program.

I acknowledge that I know and understand the inherent risks of participating in the recreational sports activities that I chose. I know that these risks range from minor scrapes, strains, and bruises to significant injuries such as broken bones, eye injury or loss, concussion, paralysis, and even death which may result from my own actions, the actions of others or a combination of both. By the execution of this agreement, I fully assume the inherent risks associated with The Limestone University Department of Intramurals and Student Activities and assert that I am voluntarily participating in such activities.

I have fully and carefully read this waiver, release, and assumption of risk prior to signing it and understand its contents.

Signature: _____ Date: _____
Signature of Legal Guardian (if under 18): _____ Date: _____

Office use only: Date completed: _____ Staff initials: _____