COED INTRAMURAL INNER TUBE WATER POLO TEAM FORM

ENTRIES DUE: WED, OCTOBER 11th @ 5:00 pm to the IM Office (Located in the Ripon College Fitness Center) or Student Activities Office

CAPTAINS MEETING: TUES, OCTOBER 24th @ 4:15 pm in the Martin Luther King Lounge

PLAY BEGINS: Play will begin WED, OCTOBER 25th. The number of teams will determine the amount of games and the length of season.

- All players do have to sign the sheet before it is turned in, but all players MUST sign it before competing in their first game.
- Teams may have a maximum of ten (10) players. (two players of each sex are required in the pool at all times)
- Ten (10) IM Champion t-shirts will be given to winners.
- Fill out all team information completely.
- All team names must be suitable for public posting, and Intramurals reserves the right to request a team change its proposed name for any reason.
- There will be a $30 fine assessed to any team dropping from the league anytime after the Captain's Meeting has taken place.
- ***Please provide any scheduling conflicts on the back of this form!***
- ***All information below is required!***

WAIVER OF LIABILITY AND RELEASE OF ALL CLAIMS

As a participant in the Intramural Sports Program at Ripon College, I agree to assume the full risk of any injuries, including death, damages or loss regardless of severity, which I may sustain as a result of my participation in the above named event.

I understand that Ripon College carries no medical insurance for injuries sustained by participants. Therefore, each person participating in the Intramural Sports Program should review their own health insurance policy for coverage with the understanding that the absence of health insurance coverage does not make Ripon College responsible for the payment of incurred medical expenses.

I agree to waive and relinquish any and all claims against Ripon College and its directors, officers, trustees, agents, servants and employees that I may have as a result of participating in the Intramural Sports Program at Ripon College.

I further agree to indemnify and hold harmless and defend Ripon College and its respective directors, officers, trustees, agents, servants and employees from any and all claims from injuries, including death, damages and loss arising out of, connected with, or in any way associated with the activities of the Intramural Sports Program.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability and understand it and sign it voluntarily as my own free act and deed: no oral representations, statements or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate, and complete consideration fully intending to be bound by same.

TEAM NAME	CAPTAIN	PHONE # (EXT)	SIGNATURE

NAME	SIGNATURE	CAPTAIN	VARSITY EX-VARSITY	UNIT# *(MAILBOX)*	PHONE#