



# Community Intramural Registration Waiver of Liability and Release

I have been informed and fully realize there are dangers and risks to which I may be exposed to while participating in the Lake Superior State University - University Recreation activities. I, *the undersigned*, hereby acknowledge that certain **risks of injuries** are inherent to participation in sports and recreational activities. These types of injuries may be minor or serious and may result from one's own actions, or the actions or inactions of others, or a combination of both. I understand the Lake Superior State University does not require me to participate in this activity, but I want to do so, despite the possible risks and this release.

I understand that certain rules and regulations are designed for the safety and protection of participants and hereby undertake to abide by these rules and regulations. I understand that failure to abide by these rules may result in loss of access or cancellation of my membership.

I understand that certain activities require a minimum **level of fitness and health** (physical, mental, and emotional) and that each person has a different capacity for participating in these activities. I hereby warrant being physically fit to participate and understand that the **CHOICE** to participate brings with it the **assumption of those risks** and results that are part of these activities.

I, therefore, freely and voluntarily agree to assume and take on myself all of the risks and responsibilities in any way associated with this activity. I release Lake Superior State University, its Board of Trustees, employees and agents from all liability, claims, and actions that may arise from injury or harm to me, from my death, or from damage to my property in connections with this activity. I understand that this release covers liability, claims, and actions caused entirely or in part by any acts or failures to act of Lake Superior State University, or any of its employees or agents, including but not limited to negligence, mistake, or failure to supervise.

I know that if I become ill or injured while participating in this activity, I am responsible for my health care expenses and I have made arrangements to handle such expenses through insurance coverage, access to cash, or other methods.

I assume full responsibility for any and all claims and costs arising directly or indirectly from any of my activities, acts, or omissions while participating in this activity.

I further release Lake Superior State University, its Board of Trustees, employees or agents from liability for any claim of loss, injury, or damage to me or my property due to any act, omission, or negligence of parties not an agent or employee of Lake Superior State University, including, but not limited to, owners or contractors providing accommodations or other services.

I consent to the use of my name, portrait, picture, photograph or video as part of the LSSU University Recreation Department. I hereby give LSSU, its employees, agents, successors, assigns and those acting with its permission or on its behalf, the right and permission to use, copyright, publish, republish and distribute any such recording, video or photographs of me. I understand that any such recording, videotape and/or photographs belong to LSSU and that I will not receive any payment or other compensation in connection with such recording, video or photographs or for any use of them by LSSU. I agree that LSSU may use such recording, video or photographs, in whole or in part, in any manner and in any media, including in composite, altered, or distorted form. I waive any right that I may have to inspect or approve the finished products or materials containing my likeness and/or voice, or the printed matter that may be used in connection with such recording, video or photographs.

These releases are effective for myself, my personal representative, assigns, and heirs.

## Head Injury/Concussion Awareness Information

University Recreation (UREC) requires that its participants are all active in the awareness and risks that are associated with head injuries and concussions. It is the role of the whole UREC Program; including all of its professional staff, student staff, and participants to serve an active role in concussion prevention, recognition and treatment.

There are trained University Recreation staff present at many events that head injury/concussions can be reported to and can provide recommendations. Although none of these parties have the authority to diagnose a concussion, all have the authority to withhold participants suspected of a concussion or other injury from participation, refer to advanced medical care, or call for emergency care.

**By signing below I acknowledge that I am at least 18 years of age and that I have read and understand the above provisions and voluntarily sign this release.**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Office Use</b>
Season: _____
League: _____
Team Name: _____