

**Loyola University Chicago: INTRAMURAL ENTRY FORM
(THIS FORM USED BY INDIVIDUALS & TEAMS)**

SPORT THAT IS BEING ENTERED IS: _____

CIRCLE ONE: MEN WOMEN COREC

TEAM NAME: _____

TEAM REPRESENTATIVE NAME: _____

MAILING ADDRESS: (NUMBER & STREET) _____

(CITY, STATE & ZIP) _____

(EMAIL ADDRESS) _____

TELEPHONE NUMBER: (____) ____ - _____

TEAM REPRESENTATIVE SHOULD READ AND SIGN BELOW:

This certifies that I understand the Intramural eligibility rules and individual insurance requirements and have completely checked the players on my team. I understand that it is my responsibility to know the Intramural schedule, the Intramural rules and other applicable Intramural items. I affirm I have also read the waiver statement. Each player on my team is a current Loyola student, faculty or staff member.

In consideration of participation in a Loyola University Chicago Intramural group, I, the undersigned, affirm that I have hospitalization. I agree to abide by the standards of the Department of Campus Recreation regarding participation in an Intramural group, and recognize that failure to do so will result in my exclusion from the group. I am aware of the risks involved in this activity and I assume those risks. I affirm I am a current Loyola student, faculty or staff member. I affirm I meet the designation for the playoff team. I affirm I have individually read and signed this form.

I release Loyola and Trustees, Officers, Agents, Employees and their heirs, agents, and assigns from any and all claims for injury, loss, damage accident or expense arising from my participation in an Intramural group of the University except for any such claims due to the sole negligence or fault of the University.

Team Representative Signature: _____ Date: _____

PROCEED TO THE OTHER SIDE FOR PLAYERS AND PLAYER WAIVER AREA.

CAMPUS RECREATION
Division of Student Affairs
www.luc.edu/depts/campusrec
(773) 508-2602