

# Loyola University Chicago: INTRAMURAL ENTRY FORM (THIS FORM USED BY INDIVIDUAL & TEAMS)

EACH PLAYER SHOULD READ THIS AND THEN SIGN BELOW:

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.

Print Full Name	Signature	Telephone Number	Email Address
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____
5) _____	_____	_____	_____
6) _____	_____	_____	_____
7) _____	_____	_____	_____
8) _____	_____	_____	_____
9) _____	_____	_____	_____
10) _____	_____	_____	_____
11) _____	_____	_____	_____

Campus Recreation Staff Only:			
Form Received by (print name): _____		Amount Received: _____	
Circle one:	Cash	Check	Credit Card
			Rambler Bucks