

Registration and Waiver Card

Sport/Event: Hockey **Year:** Spring 2012

Student Information

Name: _____ Phone: _____

Local Address: _____

City: _____ Zip Code: _____

Permanent Address: _____

City/State/Zip Code: _____

Phone: _____ Email: _____

URI ID Number: _____ Date of Birth: _____

Position: _____ Height: _____ Weight: _____

Circle your Class: Freshman Sophomore Junior Senior Grad.

List any allergies: _____

Important! Please Read Carefully

- Each student must complete this Intramural/Extramural Registration Card AND sign the waiver on the opposite side of this form PRIOR to participating in the sport/event listed above.
- The University of Rhode Island and the Department of Recreational Services assumes no responsibility for any student with existing health conditions that make it inadvisable for him/her to participate. It is strongly recommended that all participants have adequate medical insurance coverage.

Important! All participants must read the following Release and Waiver and complete all information.

- In consideration of my voluntary participation in the Spring 2012 URI Intramural Hockey League and related events (hereby referred to as “the Activity”), I, the undersigned participant, hereby waive all claims and/or causes of action, including negligence, against the State of Rhode Island, The University of Rhode Island, and its employees and representatives, and assigns from any responsibility or liability for any damages arising from personal injuries, property damage or loss relating to my participation in, or use or operation of equipment related to the Activity. I understand that I am bound by the rules pertaining to on and off the ice procedures to follow for the duration of the event as described.
- I may or may not have had previous participation experience in the Activity. I understand and acknowledge that such participation could result in loss of or damage to my or another person’s property, serious injury to my body or another person’s body, including mental or emotional injury, trauma, and/or death.
- I verify that I have no physical or emotional conditions which prevent me from fully participating in the Activity and that I will abide by all University and applicable regulations regarding my participation.
- I understand that I am not to use or be under the influence of alcohol or drugs during the Activity or at any function related to the Activity and that violation of this policy will result in my immediate dismissal from the Activity for a minimum period of time of one calendar year.
- I have read this entire document and understand the terms and legal significance. This waiver is freely and voluntarily given with the understanding that right to legal recourse is knowingly given up in return from allowing my participation in the Activity.
- **I HAVE READ THIS WAIVER & ASSUMPTION OF RISK AND RELEASE FORM IN ITS ENTIRETY AND HEREBY AGREE TO ALL TERMS.**

Signature: _____ Date: _____

Printed Name: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Phone: _____ Relation: _____