SPORT: _____

TEAM NAME:_____

CIRCLE ONE:

COED	**WOMENS**	**MENS**
Competitive	**Competitive**	**Competitive**
Recreational	**Recreational**	**Recreational**
Residence Hall	**Residence Hall**	**Residence Hall**

(IM office use only)
Amt._____
Date_____
Initial_____

MANAGER'S NAME:_____ **FLC ID**:_____
LOCAL ADDRESS:_____ **PHONE**:_____

MANAGER'S STATEMENT OF RESPONSIBILITY

I, _____, Manager of _____, have read the official policy book of the FLC Intramural Department, containing all information as it pertains to my team's involvement in the FLC Intramural program

PRINT NAME:_____ **SIGNATURE**:_____

PLEASE COMPLETE ROSTER WITH FLC ID NUMBER AND PHONE NUMBER

PLEASE READ BEFORE SIGNING YOUR NAME BELOW: In consideration of acceptance of my entry, for myself, my executors, administrators, and assignees, I do hereby release and forever discharge Fort Lewis College, the Recreational Sports Department and all other sponsors and associates for any claims of damages, demands, actions whatsoever in any manner arising or growing out of my participation in this activity. I understand that participation in Intramural activities present potentially dangerous hazards which could cause serious physical injury or death to my self or others. I attest and verify that I have full knowledge of the risks involved in this event and am physically fit and sufficiently trained to participate in this event. I further certify that I am a current student, faculty or staff member of Fort Lewis College.

NAME (PRINT)	**FLC ID #**	**SIGNATURE**