



**RELEASE FROM RESPONSIBILITY, ASSUMPTION OF RISK, AND WAIVER FOR PARTICIPATING
IN INTRAMURAL ACTIVITIES**

-INTENDED FOR PARTICIPANTS UNDER 18 YEARS OF AGE-

PARTICIPANT'S FULL NAME: _____

STUDENT ID NUMBER (#): _____

PARTICIPANT'S PHONE NUMBER _____

I, the guardian, hereby voluntarily allow the participant to participate in the Intramural Sports Program at Queens University of Charlotte. I acknowledge and understand that participation in intramural sports involves physical activity, which carries a risk of injury, including but not limited to, sprains, strains, fractures, and other accidents that could result in physical harm.

Assumption of Risk:

I recognize that the participation in any intramural sports activities is entirely voluntary and that by participating, I assume all risks associated with the physical activity, including but not limited to injury, illness, or other health complications that may arise as a result of my participation. I acknowledge that such risks may include, but are not limited to, falls, collisions, and other accidental injuries.

Participant Health:

I certify that the participant is in good health and physically capable of participating in the intramural sports activities I am registering for. I understand that it is my responsibility to consult with a physician before participating in any physical activity regarding any health concerns or medical conditions. I understand that the University does not provide medical insurance or emergency medical services for injuries that may occur during participation in intramural sports.

Liability:

In consideration of being allowed to participate in the intramural sports program, I, on behalf of my heirs, executors, administrators, and assigns, hereby release and discharge Queens University of Charlotte, its agents, employees, volunteers, and any other individuals or organizations affiliated with the program from any and all liability, claims, demands, actions, or causes of action, including but not limited to claims arising from negligence, resulting in any injury or damage that may occur as a result of my participation in the intramural sports activities.

I agree to indemnify and hold harmless Queens University of Charlotte, its agents, employees, volunteers, and any other individuals or organizations affiliated with the program from any claims, damages, or expenses (including legal fees) arising out of my participation in the intramural sports activities.

Emergency Consent:

In the event of an emergency, I consent to the provision of emergency medical treatment or transportation to a medical facility if necessary, understanding that the cost of such treatment will be my responsibility.

Rules and Policies:

I agree to abide by all the rules, regulations, and policies of the Queens University of Charlotte Intramural Sports Program. I understand that failure to follow these rules or any inappropriate conduct may result in suspension or termination from the program.



I understand that as the guardian of a participant in the intramural sports program, their image, name, and likeness may be captured through photographs, videos, or other media during events. I give permission for these images to be used in promotional materials, the University website, and social media, without compensation or further consent.

By signing this waiver, I acknowledge that both the listed guardian and participant under 18-years of age have read and fully understand the content of this waiver. I am voluntarily assuming all risks and responsibilities associated with my participation in the Intramural Sports Program at Queens University of Charlotte. I further acknowledge that I have had the opportunity to ask any questions I may have regarding this waiver.

GUARDIAN FULL NAME: _____

GUARDIAN PHONE NUMBER: _____

GUARDIAN SIGNATURE: _____

PARTICIPANT SIGNATURE: _____