

Louisiana State University-Shreveport Team Intramural Entry Form

LSUS Recreational Sports
 One University Place Rm. 232
 Shreveport, LA 71115
 Phone: (318) 797-5393 Fax: (318) 798-4103
 Web: www.lsus.edu/recsports/
 Email: recsports@lsus.edu

For Office Use Only

Date:
Entry Fee:
Payment:
RecStaff:

Activity: _____ **Team Name:** _____

Captain's Name: _____ **Day Phone:** _____

Address: _____ **Email:** _____

League availability will depend on the number of teams that sign-up in each league. Day preference will be taken into consideration when scheduling games. Rec Sports Staff cannot guarantee that games will be scheduled on the days identified.

League (Circle one): Men's Women's Co-Rec

Day Preference (Circle all that apply): Monday Tuesday Wednesday Thursday

LSUS Waiver and Release of Liability

In consideration of my involvement under the auspices of this sponsoring organization, I acknowledge and agree that:

1. I risk bodily injury, including paralysis, dismemberment, and death, as well as loss of property;
2. I knowingly and freely assume such risk, and;
3. I, for myself, and on behalf of my heirs, assigns and next of kin, hereby release, holds harmless, and promise not to sue Louisiana State University-Shreveport, their officers, official agents, and/or employees, with respect to any and all such injury, paralysis, dismemberment, death, and/or loss of damage to property except that which is the result of gross negligence and/or willful or wanton conduct.

By signing my name below I agree to the conditions outlined in this Waiver and Release of Liability Form.

Roster							
	Print Name	Status	Gender	Student ID #	Phone #	Email	Signature
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By signing this form I agree that LSUS University Center Office may use information listed above to verify eligibility. An entry fee must accompany this form to become a valid entry.