



**Recreation, Intramurals & Fitness**  
**MOREHOUSE COLLEGE**

**INDIVIDUAL LIABILITY WAIVER**

**Please Print Legibly-Return to Archer Hall Recreation Center, Room 213**

NAME: \_\_\_\_\_

STUDENT ID #: \_\_\_\_\_ Mobile Phone #: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ @ \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

*To be completed by legal guardian if participant is a minor.*

**PARTICIPANT RESPONSIBILITY:** I understand that it is my responsibility to know, understand, and comply with all applicable Archer Hall Recreation Center rules, policies, and procedures; I understand that failure to comply with these rules will result in disciplinary action.

**INITIAL:** \_\_\_\_\_

**INSURANCE RESPONSIBILITY:** Morehouse College does not provide insurance for participants. It is strongly recommended that all participants have a satisfactory health status and appropriate medical and/or personal accident insurance coverage for any injury, which might occur during participation in a Morehouse College Recreation, Intramural & Fitness (RIF) Activity.

**INITIAL:** \_\_\_\_\_

**WAIVER, RELEASE, and ASSUMPTION of RISK:** In consideration of permission to participate in recreational sports activities organized by The Morehouse College Department of Recreation, Intramurals & Fitness, on behalf of myself, my family, my heirs, and my assigns, I hereby release and hold harmless RIF, the Board of Trustees, the State of Georgia, Morehouse College and its employees and agents from liability for injury, death, or property loss suffered by me resulting from ordinary negligence of the Department of RIF, Archer Hall Recreation Center, its agents, or employees while I am using recreation facilities, equipment or in any way associated with participating in the Campus Recreation Activities.

I acknowledge that I know, and understand the inherent risks of participating in the recreational sports activities that I choose. I know that these risks range from minor scrapes, strains, and bruises to significant injuries such as broken bones, eye injury or loss, concussion, paralysis, and even death which may result from my own actions, the action of others, or a combination of both. By the execution of this agreement, I fully assume the inherent risks associated with RIF recreational activities and assert that I am voluntarily participating in such activities.

I have fully and carefully read this waiver, release and assumption of risk prior to signing it and I understand its contents.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only: Date completed: \_\_\_\_\_

Staff initials: \_\_\_\_\_