

Harris-Stowe State University
Intramural Sports Program
Wavier

DATE: _____

I _____ hereby acknowledge that I am a current enrolled student at Harris-Stowe State University and I acknowledge my participation in the 2013-2014 Intramural Sports Programs sponsored and administered by Harris-Stowe State University. My involvement and risk of personal injury to my body, or to others dangers related to such activities may include but are not limited to broken bones, strains, sprains, cuts, bruises, concussion, heart attack, heat exhaustion, injuries associated and death.

- I acknowledge that I am aware that there are risks, hazards, and dangers inherent in such activities and in the training, preparation for this activity. I further acknowledge that it is my sole responsibility qualifications, preparations, and training. I acknowledge that the Board of Regents of Harris-Stowe State University, a body politic and corporate of the State of Missouri, on behalf of Harris-Stowe State University and its members individually, and its officers, agents, and employees, hereinafter “Releases”, do not warrant or guarantee in any respect the competency or mental or physical condition of any leader, instructor, volunteer, or individual participant in any educational residential activity. I further acknowledge that releases make no warranty as to the condition, safety, or suitability of any equipment, property, or premises for any purpose. I acknowledge that I am solely responsible, through insurance or otherwise, including the Players Accident/Medical Benefit Coverage required of all players, for any hospital or other costs arising out of any bodily injury or property damage sustained through my participation in the above-noted voluntary program. For the sole consideration of releases arranging and participation in the above-referenced voluntary program, and in connection therewith, making available for myself while participating in such program, certain equipment, facilities, grounds, or personnel of releases, I hereby waive liability, release, hold harmless, covenant not to sue, and forever discharge releases from any and all liability, claims, demands, rights, and causes of action of whatever kind, arising from or by reason of any personal injury, property damage, or the consequences thereof, resulting from or in any way connected to my participation in the above-referenced voluntary program.
- I understand and agree that the program above does not have medical personnel available at the locations of the event; this release grants permission to authorize emergency medical treatment; that such action shall be subject to the terms of this Agreement; and that Releasing assume no responsibility for any injury or damage

which might arise out of or in connection with such authorized emergency medical treatment.

- I understand that acceptance of this signed *Release, Waiver of Liability, Assumption of Risk, & Covenant Not To Sue Agreement* by releases shall not constitute a waiver, in whole or in part, of sovereign immunity by releases; that it shall be effective during the entire period of my participation in the above-referenced voluntary program; that it binds me and assigns; that it shall be construed in accordance with the laws of Missouri; and that if any of its terms or provisions are held illegal, unenforceable, or in conflict with any law, the validity of the remaining portions shall not be affected thereby.

- I have read, understand, and have freely and voluntarily signed this *Release, Waiver of Liability, Assumption of Risk, & Covenant Not to Sue Agreement*.

Print

Signature

ID#

Emergency Contact Name & Number

Submit completed applications, health information and consent form and this form to:

Josias J. Calhoun, Intramural Coordinator
Harris-Stowe State University, 3025 Laclede Avenue, Room 126, St. Louis, MO 63103
Phone: (314) 340-5005, E-mail: CalhounJ@hssu.edu