



# GRAND VALLEY STATE UNIVERSITY® CAMPUS RECREATION



## Grand Valley State University 2015 NIRSA Regional Flag Football Championships Accident Waiver and Release of Liability Form

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Institution/University/College: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Division:    Men's                  Women's                  Co-Rec

**Do you have a health or medical concern that you feel Campus Rec/the organizers of the event should be aware of? (please explain below)**

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Emergency Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### ***Waiver***

I hereby declare, assert and affirm that my participation in the Grand Valley State University **Campus Recreation Program** is done having voluntarily and knowingly assumed **all risks** involved in this program. The physical risk(s) associated are those correlated with normal, vigorous physical activity. These risks include, but are not limited to, bodily discomfort and fatigue, muscular soreness, pulled or strained muscles, overuse injuries/soft tissue damage, bodily injury resulting from falls, and the rare instance of abnormal changes/responses of the cardiopulmonary system to exercise. Adverse responses include abnormal blood pressure, heart arrhythmias, and the very rare instance of heart attack, stroke, or sudden death.

In consideration of acceptance of this contract allowing my participation in the above stated Special Event and intending to be legally bound thereby, I hereby for myself, my heirs, executors, administrators and assigns, **WAIVE AND RELEASE** any and all rights and claims for negligence, injuries, damages or losses that I may incur involved in the above stated **Campus Recreation Program**, specifically Grand Valley State University, it's respective employees, agents, representatives, successors and assigns for any and all activities connected with the above Special Event. If I am a Grand Valley employee, I also understand that I do hereby **WAIVE** any and all rights or benefits under the State of Michigan Worker's Compensation laws for any injury incurred as a result of my participation in this Special Event.

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

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