

HOLD HARMLESS AGREEMENT

Whereas, the undersigned, who is a student, faculty or staff member of Kent State University or spouse of aforementioned, voluntarily desires to participate in the Kent State University Intramural program and, whereas, the undersigned is duly aware of the risks and hazards that may arise through participation in said activity may result in loss of life and/or limb and/or property of the undersigned. Therefore, it is agreed as follows: that in consideration of being allowed to participate in said activity and receive the benefits therefrom, the undersigned hereby voluntarily assumes all risks of accident or personal damages to his/her person or property and thereby releases Kent State University, its agents and employees from every claim, liability or demand of any kind sustained, whether caused by negligence of the said Kent State University, administrators, executors and assigned, of the undersigned: and, the undersigned by signing this release hereby certified that the undersigned has read and fully understands the conditions herein provided. We also certify that we have read and understand the eligibility and playing rules for the above mentioned sport.

Activity _____

Men's Singles
 Men's Doubles
 Women's Singles
 Women's Doubles
 Mixed Doubles
 Please fill out one form per category.

Please refer to the Intramural Sports Handbook for player eligibility, Kent State University's identification policy, sport rules and league information. The Intramural Sports Handbook can be viewed on the Department of Recreational Services Web site, www.recservices.kent.edu, or by stopping by the Student Recreation and Wellness Center and speaking with any intramural sports staff member. For questions, comments or concerns, contact the Intramural Sports Coordinator at (330) 672-4REC.

First Participant (Singles or Doubles)

Name _____ Date of Birth (MM/DD/YY) _____
 Year _____ Phone _____ Flashline User ID _____
 Signature _____ Date _____

Second Participant (Doubles Only)

Name _____ Date of Birth (MM/DD/YY) _____
 Year _____ Phone _____ Flashline User ID _____
 Signature _____ Date _____

YR: 1 - FRESHMAN, 2 - SOPHOMORE, 3 - JUNIOR, 4 - SENIOR, 5 - GRADUATE LEVEL, 6 - FACULTY/STAFF, 7 - OTHER

All Sports Trophy: YES :: NO Team Name: _____

Conflict Chart

Please check off all of the times that you *cannot* play. We will try to accommodate you to the best of our ability, however, we cannot guarantee that you will not be scheduled to play at any of the times you have checked off.

DAY	3 PM	4 PM	5 PM	6 PM	7 PM	8 PM	9 PM	10 PM	11 PM
MONDAY									
TUESDAY									
WEDNESDAY									
THURSDAY									
FRIDAY									
SATURDAY									
SUNDAY									

----- Office Use Only -----

Date Received _____ Time Received _____ Fee Paid _____ Receipt No. _____ Received By _____