

ROSTER

Montana State University-Northern

Acknowledgment of Risk and Consent for Treatment

Section 1

Activity: 3 on 3 Basketball Sponsor: Intramurals & Recreation

Sponsor Representative: Denise Brewer Telephone: 406-265-3732 or 406-390-5280

Activity date(s): November 3,10,17,18,24,25 Tournament December 1-2

Equipment/supplies to be provided:

- by participant: comfortable clothing and gym shoes
- by Sponsor: Basketballs

Physical activities to be undertaken: must be in fairly good shape & have stamina for long periods of time

Risks inherent in this field trip include bodily injury due to: could suffer muscle strains, sprains, bruising, broken bones, torn ligaments, dislocated joints, concussion, etc.

Team Captain Information

By signing as team manager, I agree to operate my team within the established rules, policies and procedures as stated at the mandatory captain's meeting; to review the rules and policies with my team.

- Remind your players that they play at their own risk. Montana State University-Northern does not provide additional insurance for their injuries.
- You or one of your team members must attend the captains meeting.
- Team name must avoid alcohol, drug, demeaning sexual, racial or other discriminatory references. If team name does not conform, the team name will be changed.
- Poor player/team conduct will not be tolerated. Poor sportsmanship will result in game forfeits and/or removal from the tournament.
- As team captain you have the right to protest a questionable rule interpretation or situation. Protests on-site will be handled by the Intramural Coordinator/Supervisor.
- Participants under the influence of alcohol while participating in Intramural sport activities will not be tolerated. Participants will be escorted out of the activity and asked not to return until they have talked to the Sponsored Representative.

Captain Signature: _____ Date: _____

TEAM NAME _____

Section 2 (To be completed by every intramural sport activity participant)

By signing this roster, I acknowledge that there are certain risks inherent in Coed Softball, including but not limited to those indicated in Section 1. I acknowledge that all risks cannot be prevented and I assume those beyond the control of the University staff. In exchange for being allowed to participate in the activities and to the fullest extent permitted by law, I hereby waive and release-and further agree to indemnify, defend and hold harmless Montana State University-Northern and its trustees, officers, agents, employees and volunteers from and against any and all liabilities, claims, costs , expenses, injuries and or/losses that I may sustain as a result of my participation in the course of competition and/or activities held in connection with intramural sports.

Should I require emergency medical treatment as a result of accident or illness arising during the intramural sport activity, I hereby give consent to medical treatment. You have my permission to release a copy of this form and my personal information below to any medical provider treating me. I acknowledge that the University does not provide health and accident insurance for intramural sports participants and I agree to be financially responsible for any medical bills incurred as a result of emergency or other medical treatment. I will notify the Intramural Coordinator in writing if I have medical conditions about which emergency medical personnel should be informed.

I represent that I am physically able, with or without accommodation, to participate in this intramural sport, am able to use the equipment and/or supplies described above, and have obtained the required immunizations, if any. I understand that it is my responsibility to let you know if I have any condition that would limit my ability to participate safely in the intramural sport activities.

I recognize that verification of my signature below may be required at game time.

1.	_____	_____	_____	_____	_____	_____
	Name	Signature	Birth Date	Student ID#	Phone	T-Shirt Size
2.	_____	_____	_____	_____	_____	_____
	Name	Signature	Birth Date	Student ID#	Phone	T-Shirt Size
3.	_____	_____	_____	_____	_____	_____
	Name	Signature	Birth Date	Student ID#	Phone	T-Shirt Size
4.	_____	_____	_____	_____	_____	_____
	Name	Signature	Birth Date	Student ID#	Phone	T-Shirt Size
5.	_____	_____	_____	_____	_____	_____
	Name	Signature	Birth Date	Student ID#	Phone	T-Shirt Size
6.	_____	_____	_____	_____	_____	_____
	Name	Signature	Birth Date	Student ID#	Phone	T-Shirt Size
7.	_____	_____	_____	_____	_____	_____
	Name	Signature	Birth Date	Student ID#	Phone	T-Shirt Size
8.	_____	_____	_____	_____	_____	_____
	Name	Signature	Birth Date	Student ID#	Phone	T-Shirt Size
9.	_____	_____	_____	_____	_____	_____
	Name	Signature	Birth Date	Student ID#	Phone	T-Shirt Size
10.	_____	_____	_____	_____	_____	_____
	Name	Signature	Birth Date	Student ID#	Phone	T-Shirt Size

To request disability accommodations for this activity, please contact the Sponsor Representative