

MUW INTRAMURAL SPORTS TENNIS ROSTER

Instructions for signing up for an Individual Event:

1. Pick up an Entry Form from the Intramural Office located in the Stark Recreation Center.
2. Read the "Release of Liability Agreement" printed on the bottom of this form and sign your name.
3. You must check the bracket to find out when and who you will be playing. This bracket will be posted outside the Intramural Office located in Stark Recreation Center.
4. If you are unable to play at the scheduled time it is YOUR responsibility to contact your opponent and reschedule the game. If your opponent doesn't return a call/email within 24 hours, contact the Intramural Sports office at 662-329-7229.
5. A list of all participants with their name and telephone number will be beside the bracket.
6. The rescheduled game must be played BEFORE the next round of tournament play begins, or you will receive a forfeit. A contest may be played ahead of time provided that the score is turned in to the Intramural office.
7. You can check out equipment from the Campus Recreation Office and play any time during recreation hours.
8. The winner must report the score to the IM Sports office.
9. Make sure you pick up and return scorecard to the Intramural office so we can update the bracket.
10. I give my permission to Campus Recreation to use my e-mail address and telephone number printed below for program notification and announcement procedures.

PARTICIPANT NAME: (**Print**) _____

E-MAIL: (**Print**) _____ PHONE: _____

MUW ID #: _____ League: (Circle one): Men / Women

Are you representing a team for the Overall Champion Trophy? (Circle) YES or NO.

If yes, what team? _____

RELEASE OF LIABILITY: In consideration of my being permitted to participate in the intramural sport identified on this Roster Form, I hereby waive all claims for, and release The Board of Trustees of The Mississippi University of Women and its officers, employees, and agents from all liability for, bodily injury, including death, damage to personal property, and the consequences thereof resulting from my voluntary participation in intramural sports and covenant not to sue for any said injury from physical contact with other participations, from the use of mechanical devices, sports equipment, or sports facilities or playing fields, or from being in poor health or physically unfit, but I still knowingly accept the risk of injury from my participation in intramural sports. I understand that I am encouraged to obtain insurance coverage before participating in any intramural sports activities. I understand that all expenses, charges, and costs which result by accident or illness are fully my responsibility and fully discharge the university and the Board from assuming any financial obligation for me. I waive and release any and all rights and claims for damages suffered by me due to participation in the Intramural Program whether caused by negligence of Mississippi University for Women, or its employees, or otherwise. By signing my name below, I acknowledge that I have read, understand, and agree to the terms of this release of liability.

Print Name: _____ Signature: _____

Date: _____ ****Return to the Intramural Office in Stark Recreation Center****