

Intramural Participants
Disclaimer Form

Name _____ Peru Phone # _____

Peru Address _____

Parent's Name _____ Parent's Phone _____

Parent's Address _____

If Married, spouse's name _____

Your Social Security # _____

Person to contact in case of emergency _____

Phone # _____

Disclaimer Statement

I understand that my participation in Peru State College's Intramural Program is voluntary. As a participant I will follow the rules established by the intramural staff. I have full knowledge of the rules, and am aware that by participating I may be taking some health risks. By signing this form I realize and acknowledge that Peru State College and the intramural staff is in no way responsible for any injury I may incur while participating in any intramural activity.

(Signature of Participant)

(Date Signed)