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)
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

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:__________________________