Shaw University Intramural Roster Sheet

Team Name _____ School _____

Captain's Names _____ Address_____

Phone Number _____ Email address _____

Shaw University recognizes participation in the Intramural Sports Program as a proper extracurricular educational activity. Because this activity may require physical activity with risk of personal injury or damage to property, it is the policy of Shaw University to require participants to execute this Release Form. As conditions of participating in this activity, I agree to the following: (1) In consideration of being granted the opportunity to participate in this activity I do hereby release and forever discharge all officers, fellow student, employees, and all faculty members, employees, and agents of Shaw University who arranged, advised, or supervised the scheduling, travel, or any other function of this activity for myself and my heirs, executors, administrators and assigns from all claims, demands, actions, and causes of action for personal injury or any other damage now existing or which may arise out or be in anyway related to their negligence or other conduct associated with this activity. **(2) Team members must be registered current students, staff members or faculty members of the University. No Alumni allowed to play. (3) Full name, Shaw University ID number and local address must be indicated on the form. (4) Only two former varsity athletes allowed on any team sport. (5) Returning students must have a 2.00 cumulative grade point average to participate.**

I have read and I do fully understand all the above provisions. I also understand and meet all the eligibility requirements of Intramural Sports and hereby warrant that I am eligible for Intramural Sports at Shaw University. Moreover, I attest that I am at least 18 years of age or, if I am under 18 years of age, I have informed my parents of the above conditions.

As a Captain of this team, I understand the conditions stated above as well as the policies regarding the eligibility of the players on my team and on this roster. I have verified that all players listed below are legally eligible to participate on my team and agree not to allow anyone to participate on my team without legally being on this roster.

Captain's Signature _____ Date_____

Sport _____

Roster

Each participant must provide all information below before participation will be permitted

Please print your information!

Name (Last, First)	Student /Staff I.D.#	Email Address/Phone #
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

INTRAMURAL OFFICE

2ND FLOOR- ROOM #222 (WILLIE E. GARY STUDENT CENTER)

PHONE #: 919.546.8596