



UNIVERSITY OF TORONTO
FACULTY OF KINESIOLOGY & PHYSICAL EDUCATION
INTRAMURAL PROGRAM

PLAYER REGISTRATION FORM

COED	MEN	WOMEN	SPORT:	DIV:	COLLEGE/FACULTY:	TEAM NAME:
TEAM REPRESENTATIVE:			IM REPRESENTATIVE:			
PHONE:			PHONE:			
EMAIL:			EMAIL:			

PARTICIPANTS RELEASE

Please read the informed consent agreement on the back of this form. My signature below indicates that I have read and understood the informed consent agreement in its entirety and hereby agree to participate in the intramural program named above. I authorize the Faculty of Kinesiology & Physical Education (FKPE) at the University of Toronto (U of T) to use my image – acquired during practices, games or scheduled photo shoots – in any FKPE or U of T publication, website and/or advertisement. I was not paid to have my picture taken and will not receive any fees for the use of the resulting image/s in the future.

STUDENT NAME	STUDENT NO.	COLL/FAC	SIGNATURE	E-mail
1.				
2.				
3.				
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17.				

PLEASE NOTE

Eligibility rules must be read before registering names. This is to verify that the student(s) listed below meet the Intramural Eligibility requirements as outlined in the Intramural Handbook.

This form must be completed and signed at the first league game. Any additions must be made through the Intramural Office, on the appropriate form before the individual participates.

INFORMED CONSENT AGREEMENT

I/WE, the UNDERSIGNED, hereby acknowledge that certain RISKS OF INJURY are inherent to participation in sports and recreational activities. These types of injuries may be minor or serious and may result from one's own actions, or the actions or inactions of others, or a combination of both.

I/WE understand that the RULES AND REGULATIONS are designed for the safety and protection of participants and hereby undertake to abide by these rules and regulations.

I/WE, understand that certain activities require a minimum LEVEL OF FITNESS AND HEALTH (physical, mental and emotional) and that each person has a different capacity for participating in these activities.

I/WE hereby WARRANT being physically fit to participate and understand that the CHOICE to participate brings with it the ASSUMPTION OF THOSE RISKS AND RESULTS which are part of these activities.

I/WE agree that THE GOVERNING COUNCIL OF THE UNIVERSITY OF TORONTO or its employees, servants, volunteers or agents shall not be liable for any injury to my person or loss or damage to my personal property arising from, or in any way resulting from, my participation in these activities, UNLESS such injury, loss or damage is caused by the SOLE NEGLIGENCE of the University or its employees, servants or agents while acting within the scope of their duties.

I/WE declare having read and understood the above INFORMED CONSENT AGREEMENT in its entirety and my signature on the reverse indicates my consent to participate acknowledging all of the foregoing.