

Lamar University Intramural Sports  
Information Sheet

# Racquetball (Singles & Doubles)

Fall 2009

- Registration Deadline:** **Entries Due: Oct. 16<sup>th</sup> by 8:00 p.m. or a participant/duo may not be eligible to participate.**  
Turn entry packet into the recreational sports center information desk.
- Rules Meeting:** Oct. 23 @ 2:00 p.m. in the McDonald Gym #117. **Attendance of an individual sport participant at this meeting is MANDATORY!**
- \* If no one attends, the following penalties will be imposed.  
**Individual sport** – Charge a \$5 fee, five (5) point handicap on first game and participant must come and talk with someone about the rules and policies. All of these must be completed before a participant can begin play.  
If someone cannot attend meeting, notify Intramural Sports no later than one week before meeting.
- Play:** Singles: November 2<sup>nd</sup> & 3<sup>rd</sup>  
Doubles: November 4<sup>th</sup> & 5<sup>th</sup>
- Cost:** \$5.00 per individual (non-refundable entry fee) payable at Cashier's Window in the Wimberly Building. *Turn in receipt to the Intramural Sports office (Rec Center Information Desk) by the date of the meeting.* (If a team/individual forfeits, you must pay another forfeit fee of \$5.00 during business hours before the next scheduled game).  
\*All Sports - Once an All Sports team pays the \$50.00 entry fee, that fee allows their team to play all the sports for one semester without paying extra entry fees as long as the captain, whose name the team is registered under, is the same person.  
\* Two forfeits will automatically eliminate team/participant from further play.
- Leagues:** Men's Independent and Greek  
Women's Independent and Greek  
Co-Rec Independent and Greek
- Entry Roster:** \*All participants and team members must be listed by name, Lamar Student ID number and which campus they attend or are employed with.  
\*All-Sports teams are allowed to have a maximum of four players for Singles and one team of two for doubles. A participant may play both singles and double if they chose to.  
\*All-Sports teams will only be allowed to sign up players for this event from their All-Sports Roster.
- Eligibility:** \* All official, registered students for Fall 2009 & OPT students.  
\* Faculty and staff who have paid their Rec Sports fee.  
\* Everyone must provide either a Cardinal One Card or VALIDATED Lamar Institute of Technology ID before each game or you will not be allowed to participate.  
\***All participants** must read and sign a team/participant liability release form and a liability coverage form. Both forms must be returned with proof of insurance, for each participant, to the Intramural Sports Office by the entry deadline. Participants **will not be eligible** until they have turned in all the above information.
- Not Eligible:** \* Collegiate Athletes for a particular sport will have to wait for one- two years. (For more information, see the Rec Sports Handbook section III A & B, pg. 5).  
\*Professional Athletes (Anyone who received pay for playing a sport) are not allowed. (For more information, see the Rec Sports Handbook section III C, pg. 5).
- Schedules:** Will be available at the captain's meeting.
- Questions:** Call us at 880-8331, email us at [intramurals@lamar.edu](mailto:intramurals@lamar.edu) or visit our website at <http://dept.lamar.edu/recsports/Intramurals.asp>.

# Intramural Sports Team Captain's Responsibilities

**\*\*\* PLEASE READ!!!! \*\*\***

Team Captain Responsibilities include:

- 1) Organize teams and enter them into competition before the deadline dates.
- 2) Encourage participation in all intramural activities.
- 3) Check eligibility of all players.
- 4) Notify teams and players of date, time, and place of scheduled events. Remember, two (2) minutes past game time is forfeit time!
- 5) See that a team or an organization never forfeits a game (remember that two [2] forfeits exclude a team from further play).
- 6) Attend all scheduled meetings by either you or a team representative; be held accountable for all information and sport rules discussed at these meetings.
- 7) Stop by the Intramural Office on a weekly basis to pick up, post and distribute necessary information. Also, check out our website for the same information at <http://dept.lamar.edu/recsports>
- 8) Keep your name, home address, email address and telephone number current with the intramural office.
- 9) Accept responsibility for the conduct of team members and spectators before, during and after all intramural programs.
- 10) Evaluate the programs and officials when requested.
- 11) All-Sports Teams are only allowed to sign up four (4) players at the most in individual sports such as tennis, racquetball, poker\*etc. This also includes doubles.

\* In order to be part of the All-Sports Competition, an organization must compete in the first sport of each semester and in a minimum 60% of the sports offered each semester. For example, If Intramurals is offering 10 sports in both semester then an organization must compete in six sports each semester.

\* Each All Sports team must nominate someone to be on the All-Sports Committee (ASC) and that person appointed must attend all scheduled ASC meetings.

- 12) Provide water or other non-alcoholic drinks for your teams. Rec Sports will not provide water for teams, only for officials or players in need during emergencies.
- 13) Clean up your team's trash from the field and sideline areas during and after the game. This includes the spectator's areas. This will affect your team's sportsmanship grade.
- 14) Make sure that all participants from your team read, sign, and return the liability waiver and proof of insurance coverage forms and each player's proof of insurance back to the Rec Sports office by the entry form deadline. This also applies to participants for individual sports.

Lamar University  
INTRAMURAL SPORTS  
**INDIVIDUAL / DUAL ENTRY FORM**

\* All-Sports teams are only allowed a maximum four participants

SPORT:     RACQUETBALL SINGLES    

This certifies that I have read and understand the rules of player eligibility and the policies and procedures as outlined in the Intramural Sports Handbook. I certify that all information provided is complete and accurate and that all team members listed on the team roster are eligible for participation according to the rules of eligibility. I assume full responsibility for the accuracy of the information provided and for the eligibility and conduct of all listed team members. I have informed all team members that participation in recreational activities involves inherent risks that must be assumed by the participant and that each participant should have health insurance to cover possible injury.

Captain's Signature \_\_\_\_\_ Date \_\_\_\_\_

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Lamar ID # \_\_\_\_\_ Sex: Male/Female Shirt Size \_\_\_\_\_

Campus (Please Circle):      Lamar Univ. Beaumont      Lamar Institute of Technology

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Lamar ID # \_\_\_\_\_ Sex: Male/Female Shirt Size \_\_\_\_\_

Campus (Please Circle):      Lamar Univ. Beaumont      Lamar Institute of Technology

Please indicate the division your team represents:

Check if appropriate:

\_\_\_\_\_ Men's All-Sports    \_\_\_\_\_ Men's Independent    \_\_\_\_\_ Women's    \_\_\_\_\_ Co-Rec

Please list specific dates and/or times or additional information that will be helpful when scheduling:

For Office Use Only: Accepted By \_\_\_\_\_ Date \_\_\_\_\_

Lamar University  
 INTRAMURAL SPORTS  
**INDIVIDUAL / DUAL ENTRY FORM**

\* All-Sports teams are only allowed a maximum four participants

**SPORT:**     RACQUETBALL SINGLES     - Page 2

This certifies that I have read and understand the rules of player eligibility and the policies and procedures as outlined in the Intramural Sports Handbook. I certify that all information provided is complete and accurate and that all team members listed on the team roster are eligible for participation according to the rules of eligibility. I assume full responsibility for the accuracy of the information provided and for the eligibility and conduct of all listed team members. I have informed all team members that participation in recreational activities involves inherent risks that must be assumed by the participant and that each participant should have health insurance to cover possible injury.

**Captain's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**3. Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_

**E-Mail Address** \_\_\_\_\_

**Lamar ID #** \_\_\_\_\_ **Sex: Male/Female** **Shirt Size** \_\_\_\_\_

**Campus (Please Circle):**      **Lamar Univ. Beaumont**      **Lamar Institute of Technology**

**4. Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_

**E-Mail Address** \_\_\_\_\_

**Lamar ID #** \_\_\_\_\_ **Sex: Male/Female** **Shirt Size** \_\_\_\_\_

**Campus (Please Circle):**      **Lamar Univ. Beaumont**      **Lamar Institute of Technology**

**Please indicate the division your team represents:**      **Check if appropriate:**  
 \_\_\_\_\_ **Men's All-Sports**    \_\_\_\_\_ **Men's Independent**    \_\_\_\_\_ **Women's**    \_\_\_\_\_ **Co-Rec**

**Please list specific dates and/or times or additional information that will be helpful when scheduling:**

For Office Use Only: Accepted By \_\_\_\_\_ Date \_\_\_\_\_

Lamar University  
INTRAMURAL SPORTS  
**INDIVIDUAL / DUAL ENTRY FORM**

\* All-Sports teams are only allowed a maximum four participants

**SPORT: RACQUETBALL DOUBLES - TEAM 1**

This certifies that I have read and understand the rules of player eligibility and the policies and procedures as outlined in the Intramural Sports Handbook. I certify that all information provided is complete and accurate and that all team members listed on the team roster are eligible for participation according to the rules of eligibility. I assume full responsibility for the accuracy of the information provided and for the eligibility and conduct of all listed team members. I have informed all team members that participation in recreational activities involves inherent risks that must be assumed by the participant and that each participant should have health insurance to cover possible injury.

**Captain's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**1. Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_

**E-Mail Address** \_\_\_\_\_

**Lamar ID #** \_\_\_\_\_ **Sex: Male/Female** **Shirt Size** \_\_\_\_\_

**Campus (Please Circle):**      **Lamar Univ. Beaumont**      **Lamar Institute of Technology**

**2. Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_

**E-Mail Address** \_\_\_\_\_

**Lamar ID #** \_\_\_\_\_ **Sex: Male/Female** **Shirt Size** \_\_\_\_\_

**Campus (Please Circle):**      **Lamar Univ. Beaumont**      **Lamar Institute of Technology**

**Please indicate the division your team represents:**      **Check if appropriate:**  
\_\_\_\_\_ **Men's All-Sports**    \_\_\_\_\_ **Men's Independent**    \_\_\_\_\_ **Women's**    \_\_\_\_\_ **Co-Rec**

**Please list specific dates and/or times or additional information that will be helpful when scheduling:**

**For Office Use Only: Accepted By** \_\_\_\_\_ **Date** \_\_\_\_\_

Registration # \_\_\_\_\_

Lamar University  
INTRAMURAL SPORTS  
**INDIVIDUAL / DUAL ENTRY FORM**

\* All-Sports teams are only allowed a maximum four participants

SPORT: RACQUETBALL DOUBLES - TEAM 2

This certifies that I have read and understand the rules of player eligibility and the policies and procedures as outlined in the Intramural Sports Handbook. I certify that all information provided is complete and accurate and that all team members listed on the team roster are eligible for participation according to the rules of eligibility. I assume full responsibility for the accuracy of the information provided and for the eligibility and conduct of all listed team members. I have informed all team members that participation in recreational activities involves inherent risks that must be assumed by the participant and that each participant should have health insurance to cover possible injury.

Captain's Signature \_\_\_\_\_ Date \_\_\_\_\_

3. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Lamar ID # \_\_\_\_\_ Sex: Male/Female Shirt Size \_\_\_\_\_

Campus (Please Circle): Lamar Univ. Beaumont Lamar Institute of Technology

4. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Lamar ID # \_\_\_\_\_ Sex: Male/Female Shirt Size \_\_\_\_\_

Campus (Please Circle): Lamar Univ. Beaumont Lamar Institute of Technology

Please indicate the division your team represents:

Check if appropriate:

\_\_\_\_\_ Men's All-Sports \_\_\_\_\_ Men's Independent \_\_\_\_\_ Women's \_\_\_\_\_ Co-Rec

Please list specific dates and/or times or additional information that will be helpful when scheduling:

For Office Use Only: Accepted By \_\_\_\_\_ Date \_\_\_\_\_

LAMAR UNIVERSITY INTRAMURAL SPORTS  
**Assumption of Risk and Release of Liability**

## Individual Participant

**Assumption of Risk** ~ In consideration for being allowed to play in an intramural sport at Lamar University, I agree to assume all risks involved in participating in the sport and/or traveling to or from participation sites for the sport. I know that the supervision of the Lamar University staff is not being provided for participating in this sport and I leave myself open to injuries such as: temporary or permanent muscle soreness, sprains, strains, abrasions, bruises, cuts, ligament or cartilage damage, head, neck or spinal injuries, loss of use of arms and legs, eye damage, disfigurement or possible even death. There are also other risks of injury or death that may not be mentioned above.

**Release of Liability** ~ I release Lamar University, the Board of Regents of the Texas State University System, their respective regents, officers or employees (hereafter referred to as releasees) from any and all liability claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, injury including death that may be sustained by me, or to any property belonging to me, whether caused by the negligence of the releasees, or otherwise, while participating in such activity, or while traveling to or from, in on, or upon the premises where the activity is being conducted. Participation includes traveling to or from games, meets, tournaments or practices; training for participation in the sport; being coached in the sport by paid or volunteer coaches; and using equipment for the sport.

I further agree as a participant in Lamar Intramural Sports, that photographs, pictures and videos may be taken or made by the Intramural Sports Department. I understand that this will be in connection with the participant's involvement in the event, or a reproduction of the same, as well as the participant's name, may in any manner be used by the Intramural Sports department for brochures, documents and on their website.

I have carefully read this Assumption of Risk and Release of Liability and fully understand its contents. I am aware that this is a contract between me and the university and I sign it of my own free will.

\_\_\_\_\_  
Sport

\_\_\_\_\_  
Team Associated With

\_\_\_\_\_  
Signature (Participant)

\_\_\_\_\_  
Date

This document will be considered effective from this date forward.

Printed Name: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

Parent or Legal Guardian (if participant is under 18): \_\_\_\_\_

NOTE: We strongly encourage you to consult with a doctor before playing in any of our sports. This is to see if there are any conditions that may affect your participation. If you have any pre-existing conditions please wear a medical alert bracelet or neck tag showing the appropriate medical information. Also, it is recommended that all participants have some type of medical insurance that will cover injuries or illness that may take place due to playing any intramural sports.

If you have any questions regarding the language or details of this document prior to signing, please contact  
The Recreational Sports Office at 409-880-2306

# Assumption of Risk and Release of Liability

## Individual Participant

**Assumption of Risk** ~ In consideration for being allowed to play in an intramural sport at Lamar University, I agree to assume all risks involved in participating in the sport and/or traveling to or from participation sites for the sport. I know that the supervision of the Lamar University staff is not being provided for participating in this sport and I leave myself open to injuries such as: temporary or permanent muscle soreness, sprains, strains, abrasions, bruises, cuts, ligament or cartilage damage, head, neck or spinal injuries, loss of use of arms and legs, eye damage, disfigurement or possible even death. There are also other risks of injury or death that may not be mentioned above.

**Release of Liability** ~ I release Lamar University, the Board of Regents of the Texas State University System, their respective regents, officers or employees (hereafter referred to as releasees) from any and all liability claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, injury including death that may be sustained by me, or to any property belonging to me, whether caused by the negligence of the releasees, or otherwise, while participating in such activity, or while traveling to or from, in on, or upon the premises where the activity is being conducted. Participation includes traveling to or from games, meets, tournaments or practices; training for participation in the sport; being coached in the sport by paid or volunteer coaches; and using equipment for the sport.

I further agree as a participant in Lamar Intramural Sports, that photographs, pictures and videos may be taken or made by the Intramural Sports Department. I understand that this will be in connection with the participant's involvement in the event, or a reproduction of the same, as well as the participant's name, may in any manner be used by the Intramural Sports department for brochures, documents and on their website.

I have carefully read this Assumption of Risk and Release of Liability and fully understand its contents. I am aware that this is a contract between me and the university and I sign it of my own free will.

\_\_\_\_\_

Sport

\_\_\_\_\_

Team Associated With

\_\_\_\_\_

Signature (Participant)

\_\_\_\_\_

Date

This document will be considered effective from this date forward.

Printed Name: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

Parent or Legal Guardian (if participant is under 18): \_\_\_\_\_

NOTE: We strongly encourage you to consult with a doctor before playing in any of our sports. This is to see if there are any conditions that may affect your participation. If you have any pre-existing conditions please wear a medical alert bracelet or neck tag showing the appropriate medical information. Also, it is recommended that all participants have some type of medical insurance that will cover injuries or illness that may take place due to playing any intramural sports.

If you have any questions regarding the language or details of this document prior to signing, please contact  
The Recreational Sports Office at 409-880-2306

# Assumption of Risk and Release of Liability

## Individual Participant

**Assumption of Risk** ~ In consideration for being allowed to play in an intramural sport at Lamar University, I agree to assume all risks involved in participating in the sport and/or traveling to or from participation sites for the sport. I know that the supervision of the Lamar University staff is not being provided for participating in this sport and I leave myself open to injuries such as: temporary or permanent muscle soreness, sprains, strains, abrasions, bruises, cuts, ligament or cartilage damage, head, neck or spinal injuries, loss of use of arms and legs, eye damage, disfigurement or possible even death. There are also other risks of injury or death that may not be mentioned above.

**Release of Liability** ~ I release Lamar University, the Board of Regents of the Texas State University System, their respective regents, officers or employees (hereafter referred to as releasees) from any and all liability claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, injury including death that may be sustained by me, or to any property belonging to me, whether caused by the negligence of the releasees, or otherwise, while participating in such activity, or while traveling to or from, in on, or upon the premises where the activity is being conducted. Participation includes traveling to or from games, meets, tournaments or practices; training for participation in the sport; being coached in the sport by paid or volunteer coaches; and using equipment for the sport.

I further agree as a participant in Lamar Intramural Sports, that photographs, pictures and videos may be taken or made by the Intramural Sports Department. I understand that this will be in connection with the participant's involvement in the event, or a reproduction of the same, as well as the participant's name, may in any manner be used by the Intramural Sports department for brochures, documents and on their website.

I have carefully read this Assumption of Risk and Release of Liability and fully understand its contents. I am aware that this is a contract between me and the university and I sign it of my own free will.

\_\_\_\_\_

Sport

\_\_\_\_\_

Team Associated With

\_\_\_\_\_

Signature (Participant)

\_\_\_\_\_

Date

This document will be considered effective from this date forward.

Printed Name: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

Parent or Legal Guardian (if participant is under 18): \_\_\_\_\_

NOTE: We strongly encourage you to consult with a doctor before playing in any of our sports. This is to see if there are any conditions that may affect your participation. If you have any pre-existing conditions please wear a medical alert bracelet or neck tag showing the appropriate medical information. Also, it is recommended that all participants have some type of medical insurance that will cover injuries or illness that may take place due to playing any intramural sports.

If you have any questions regarding the language or details of this document prior to signing, please contact  
The Recreational Sports Office at 409-880-2306

LAMAR UNIVERSITY INTRAMURAL SPORTS

# Assumption of Risk and Release of Liability

## Individual Participant

**Assumption of Risk** ~ In consideration for being allowed to play in an intramural sport at Lamar University, I agree to assume all risks involved in participating in the sport and/or traveling to or from participation sites for the sport. I know that the supervision of the Lamar University staff is not being provided for participating in this sport and I leave myself open to injuries such as: temporary or permanent muscle soreness, sprains, strains, abrasions, bruises, cuts, ligament or cartilage damage, head, neck or spinal injuries, loss of use of arms and legs, eye damage, disfigurement or possible even death. There are also other risks of injury or death that may not be mentioned above.

**Release of Liability** ~ I release Lamar University, the Board of Regents of the Texas State University System, their respective regents, officers or employees (hereafter referred to as releasees) from any and all liability claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, injury including death that may be sustained by me, or to any property belonging to me, whether caused by the negligence of the releasees, or otherwise, while participating in such activity, or while traveling to or from, in on, or upon the premises where the activity is being conducted. Participation includes traveling to or from games, meets, tournaments or practices; training for participation in the sport; being coached in the sport by paid or volunteer coaches; and using equipment for the sport.

I further agree as a participant in Lamar Intramural Sports, that photographs, pictures and videos may be taken or made by the Intramural Sports Department. I understand that this will be in connection with the participant's involvement in the event, or a reproduction of the same, as well as the participant's name, may in any manner be used by the Intramural Sports department for brochures, documents and on their website.

I have carefully read this Assumption of Risk and Release of Liability and fully understand its contents. I am aware that this is a contract between me and the university and I sign it of my own free will.

\_\_\_\_\_  
Sport

\_\_\_\_\_  
Team Associated With

\_\_\_\_\_  
Signature (Participant)

\_\_\_\_\_  
Date

This document will be considered effective from this date forward.

Printed Name: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

Parent or Legal Guardian (if participant is under 18): \_\_\_\_\_

NOTE: We strongly encourage you to consult with a doctor before playing in any of our sports. This is to see if there are any conditions that may affect your participation. If you have any pre-existing conditions please wear a medical alert bracelet or neck tag showing the appropriate medical information. Also, it is recommended that all participants have some type of medical insurance that will cover injuries or illness that may take place due to playing any intramural sports.

If you have any questions regarding the language or details of this document prior to signing, please contact  
The Recreational Sports Office at 409-880-2306

LAMAR UNIVERSITY INTRAMURAL SPORTS

# Assumption of Risk and Release of Liability

## Individual Participant

**Assumption of Risk** ~ In consideration for being allowed to play in an intramural sport at Lamar University, I agree to assume all risks involved in participating in the sport and/or traveling to or from participation sites for the sport. I know that the supervision of the Lamar University staff is not being provided for participating in this sport and I leave myself open to injuries such as: temporary or permanent muscle soreness, sprains, strains, abrasions, bruises, cuts, ligament or cartilage damage, head, neck or spinal injuries, loss of use of arms and legs, eye damage, disfigurement or possible even death. There are also other risks of injury or death that may not be mentioned above.

**Release of Liability** ~ I release Lamar University, the Board of Regents of the Texas State University System, their respective regents, officers or employees (hereafter referred to as releasees) from any and all liability claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, injury including death that may be sustained by me, or to any property belonging to me, whether caused by the negligence of the releasees, or otherwise, while participating in such activity, or while traveling to or from, in on, or upon the premises where the activity is being conducted. Participation includes traveling to or from games, meets, tournaments or practices; training for participation in the sport; being coached in the sport by paid or volunteer coaches; and using equipment for the sport.

I further agree as a participant in Lamar Intramural Sports, that photographs, pictures and videos may be taken or made by the Intramural Sports Department. I understand that this will be in connection with the participant's involvement in the event, or a reproduction of the same, as well as the participant's name, may in any manner be used by the Intramural Sports department for brochures, documents and on their website.

I have carefully read this Assumption of Risk and Release of Liability and fully understand its contents. I am aware that this is a contract between me and the university and I sign it of my own free will.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This document will be considered effective from this date forward.

Printed Name: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

Parent or Legal Guardian (if participant is under 18): \_\_\_\_\_

NOTE: We strongly encourage you to consult with a doctor before playing in any of our sports. This is to see if there are any conditions that may affect your participation. If you have any pre-existing conditions please wear a medical alert bracelet or neck tag showing the appropriate medical information. Also, it is recommended that all participants have some type of medical insurance that will cover injuries or illness that may take place due to playing any intramural sports.

If you have any questions regarding the language or details of this document prior to signing, please contact  
The Recreational Sports Office at 409-880-2306

LAMAR UNIVERSITY INTRAMURAL SPORTS

Assumption of Risk and Release of Liability

## Individual Participant

**Assumption of Risk** ~ In consideration for being allowed to play in an intramural sport at Lamar University, I agree to assume all risks involved in participating in the sport and/or traveling to or from participation sites for the sport. I know that the supervision of the Lamar University staff is not being provided for participating in this sport and I leave myself open to injuries such as: temporary or permanent muscle soreness, sprains, strains, abrasions, bruises, cuts, ligament or cartilage damage, head, neck or spinal injuries, loss of use of arms and legs, eye damage, disfigurement or possible even death. There are also other risks of injury or death that may not be mentioned above.

**Release of Liability** ~ I release Lamar University, the Board of Regents of the Texas State University System, their respective regents, officers or employees (hereafter referred to as releasees) from any and all liability claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, injury including death that may be sustained by me, or to any property belonging to me, whether caused by the negligence of the releasees, or otherwise, while participating in such activity, or while traveling to or from, in on, or upon the premises where the activity is being conducted. Participation includes traveling to or from games, meets, tournaments or practices; training for participation in the sport; being coached in the sport by paid or volunteer coaches; and using equipment for the sport.

I further agree as a participant in Lamar Intramural Sports, that photographs, pictures and videos may be taken or made by the Intramural Sports Department. I understand that this will be in connection with the participant's involvement in the event, or a reproduction of the same, as well as the participant's name, may in any manner be used by the Intramural Sports department for brochures, documents and on their website.

I have carefully read this Assumption of Risk and Release of Liability and fully understand its contents. I am aware that this is a contract between me and the university and I sign it of my own free will.

\_\_\_\_\_  
Sport

\_\_\_\_\_  
Team Associated With

\_\_\_\_\_  
Signature (Participant)

\_\_\_\_\_  
Date

This document will be considered effective from this date forward.

Printed Name: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

Parent or Legal Guardian (if participant is under 18): \_\_\_\_\_

NOTE: We strongly encourage you to consult with a doctor before playing in any of our sports. This is to see if there are any conditions that may affect your participation. If you have any pre-existing conditions please wear a medical alert bracelet or neck tag showing the appropriate medical information. Also, it is recommended that all participants have some type of medical insurance that will cover injuries or illness that may take place due to playing any intramural sports.

If you have any questions regarding the language or details of this document prior to signing, please contact  
The Recreational Sports Office at 409-880-2306

**REQUEST FOR WAIVER OF INJURY AND SICKNESS COVERAGE  
STUDENT HEALTH INSURANCE PLAN**

Lamar University requires that all intramural sports participants and all domestic students residing on campus taking 1 or more credit hours are required to participate in the Student Health Insurance Plan unless proof of comparable coverage is submitted with this completed Waiver Form. If accepted, this Request for Waiver will apply to the 2008-2009 Policy year.

If you have proof of comparable insurance coverage and wish to waive coverage for the Injury and Sickness Benefits, the deadline to waive out of this Plan is **August 21, 2009**.

**Proof of Coverage must accompany this waiver.** Acceptable proof may be:

- A. Copy of the front and back of your Health Insurance Identification Card;
- B. Copy of the front page of your health insurance policy. If your parent/guardian has coverage through their employer, you could obtain a copy from the employer; or
- C. Copy of front and back of Military I.D. card.

Name of Student: \_\_\_\_\_

Student ID No.: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
(If Student ID No. is unknown)

Phone Number of Student: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address of Student: \_\_\_\_\_

Current Insurance Company: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

Insurance Company Phone No.: \_\_\_\_\_ Group Name: \_\_\_\_\_

Insured's Name on Policy: \_\_\_\_\_ Self: \_\_\_ Spouse: \_\_\_ Parents: \_\_\_

Insured's/Member ID No.: \_\_\_\_\_ Policy/Group No.: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_

I hereby request waiver of the Student Health Insurance and acknowledge that I am legally responsible for any and all medical expenses incurred by myself while enrolled at the Lamar University.

\_\_\_\_\_  
(Signature of Student or Parent if Student is under age 18)

\_\_\_\_\_  
Date

**Please return this completed form to:**

**Academic HealthPlans  
P.O. Box 1605  
Colleyville, Texas 76034-1605  
(817) 479-2100**

**2009-2010  
LAMAR UNIVERSITY – Recreation Sports**

**REQUEST FOR WAIVER OF INJURY AND SICKNESS COVERAGE  
STUDENT HEALTH INSURANCE PLAN**

Lamar University requires that all intramural sports participants and all domestic students residing on campus taking 1 or more credit hours are required to participate in the Student Health Insurance Plan unless proof of comparable coverage is submitted with this completed Waiver Form. If accepted, this Request for Waiver will apply to the 2008-2009 Policy year.

If you have proof of comparable insurance coverage and wish to waive coverage for the Injury and Sickness Benefits, the deadline to waive out of this Plan is **August 21, 2009**.

**Proof of Coverage must accompany this waiver.** Acceptable proof may be:

- A. Copy of the front and back of your Health Insurance Identification Card;
- B. Copy of the front page of your health insurance policy. If your parent/guardian has coverage through their employer, you could obtain a copy from the employer; or
- C. Copy of front and back of Military I.D. card.

Name of Student: \_\_\_\_\_

Student ID No.: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
(If Student ID No. is unknown)

Phone Number of Student: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address of Student: \_\_\_\_\_

Current Insurance Company: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

Insurance Company Phone No.: \_\_\_\_\_ Group Name: \_\_\_\_\_

Insured's Name on Policy: \_\_\_\_\_ Self: \_\_\_ Spouse: \_\_\_ Parents: \_\_\_

Insured's/Member ID No.: \_\_\_\_\_ Policy/Group No.: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_

I hereby request waiver of the Student Health Insurance and acknowledge that I am legally responsible for any and all medical expenses incurred by myself while enrolled at the Lamar University.

\_\_\_\_\_  
(Signature of Student or Parent if Student is under age 18)

\_\_\_\_\_  
Date

**Please return this completed form to:**

**Academic HealthPlans  
P.O. Box 1605  
Colleyville, Texas 76034-1605  
(817) 479-2100**

**2009-2010  
LAMAR UNIVERSITY – Recreation Sports**

**REQUEST FOR WAIVER OF INJURY AND SICKNESS COVERAGE  
STUDENT HEALTH INSURANCE PLAN**

Lamar University requires that all intramural sports participants and all domestic students residing on campus taking 1 or more credit hours are required to participate in the Student Health Insurance Plan unless proof of comparable coverage is submitted with this completed Waiver Form. If accepted, this Request for Waiver will apply to the 2008-2009 Policy year.

If you have proof of comparable insurance coverage and wish to waive coverage for the Injury and Sickness Benefits, the deadline to waive out of this Plan is **August 21, 2009**.

**Proof of Coverage must accompany this waiver.** Acceptable proof may be:

- A. Copy of the front and back of your Health Insurance Identification Card;
- B. Copy of the front page of your health insurance policy. If your parent/guardian has coverage through their employer, you could obtain a copy from the employer; or
- C. Copy of front and back of Military I.D. card.

Name of Student: \_\_\_\_\_

Student ID No.: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
(If Student ID No. is unknown)

Phone Number of Student: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address of Student: \_\_\_\_\_

Current Insurance Company: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

Insurance Company Phone No.: \_\_\_\_\_ Group Name: \_\_\_\_\_

Insured's Name on Policy: \_\_\_\_\_ Self: \_\_\_ Spouse: \_\_\_ Parents: \_\_\_

Insured's/Member ID No.: \_\_\_\_\_ Policy/Group No.: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_

I hereby request waiver of the Student Health Insurance and acknowledge that I am legally responsible for any and all medical expenses incurred by myself while enrolled at the Lamar University.

\_\_\_\_\_  
(Signature of Student or Parent if Student is under age 18)

\_\_\_\_\_  
Date

**Please return this completed form to:**

**Academic HealthPlans  
P.O. Box 1605  
Colleyville, Texas 76034-1605  
(817) 479-2100**

**REQUEST FOR WAIVER OF INJURY AND SICKNESS COVERAGE  
STUDENT HEALTH INSURANCE PLAN**

Lamar University requires that all intramural sports participants and all domestic students residing on campus taking 1 or more credit hours are required to participate in the Student Health Insurance Plan unless proof of comparable coverage is submitted with this completed Waiver Form. If accepted, this Request for Waiver will apply to the 2008-2009 Policy year.

If you have proof of comparable insurance coverage and wish to waive coverage for the Injury and Sickness Benefits, the deadline to waive out of this Plan is **August 21, 2009**.

**Proof of Coverage must accompany this waiver.** Acceptable proof may be:

- A. Copy of the front and back of your Health Insurance Identification Card;
- B. Copy of the front page of your health insurance policy. If your parent/guardian has coverage through their employer, you could obtain a copy from the employer; or
- C. Copy of front and back of Military I.D. card.

Name of Student: \_\_\_\_\_

Student ID No.: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
(If Student ID No. is unknown)

Phone Number of Student: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address of Student: \_\_\_\_\_

Current Insurance Company: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

Insurance Company Phone No.: \_\_\_\_\_ Group Name: \_\_\_\_\_

Insured's Name on Policy: \_\_\_\_\_ Self: \_\_\_ Spouse: \_\_\_ Parents: \_\_\_

Insured's/Member ID No.: \_\_\_\_\_ Policy/Group No.: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_

I hereby request waiver of the Student Health Insurance and acknowledge that I am legally responsible for any and all medical expenses incurred by myself while enrolled at the Lamar University.

\_\_\_\_\_  
(Signature of Student or Parent if Student is under age 18)

\_\_\_\_\_  
Date

**Please return this completed form to:**

**Academic HealthPlans  
P.O. Box 1605  
Colleyville, Texas 76034-1605  
(817) 479-2100**

**REQUEST FOR WAIVER OF INJURY AND SICKNESS COVERAGE  
STUDENT HEALTH INSURANCE PLAN**

Lamar University requires that all intramural sports participants and all domestic students residing on campus taking 1 or more credit hours are required to participate in the Student Health Insurance Plan unless proof of comparable coverage is submitted with this completed Waiver Form. If accepted, this Request for Waiver will apply to the 2008-2009 Policy year.

If you have proof of comparable insurance coverage and wish to waive coverage for the Injury and Sickness Benefits, the deadline to waive out of this Plan is **August 21, 2009**.

**Proof of Coverage must accompany this waiver.** Acceptable proof may be:

- A. Copy of the front and back of your Health Insurance Identification Card;
- B. Copy of the front page of your health insurance policy. If your parent/guardian has coverage through their employer, you could obtain a copy from the employer; or
- C. Copy of front and back of Military I.D. card.

Name of Student: \_\_\_\_\_

Student ID No.: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
(If Student ID No. is unknown)

Phone Number of Student: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address of Student: \_\_\_\_\_

Current Insurance Company: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

Insurance Company Phone No.: \_\_\_\_\_ Group Name: \_\_\_\_\_

Insured's Name on Policy: \_\_\_\_\_ Self: \_\_\_ Spouse: \_\_\_ Parents: \_\_\_

Insured's/Member ID No.: \_\_\_\_\_ Policy/Group No.: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_

I hereby request waiver of the Student Health Insurance and acknowledge that I am legally responsible for any and all medical expenses incurred by myself while enrolled at the Lamar University.

\_\_\_\_\_  
(Signature of Student or Parent if Student is under age 18)

\_\_\_\_\_  
Date

**Please return this completed form to:**

**Academic HealthPlans  
P.O. Box 1605  
Colleyville, Texas 76034-1605  
(817) 479-2100**

**REQUEST FOR WAIVER OF INJURY AND SICKNESS COVERAGE  
STUDENT HEALTH INSURANCE PLAN**

Lamar University requires that all intramural sports participants and all domestic students residing on campus taking 1 or more credit hours are required to participate in the Student Health Insurance Plan unless proof of comparable coverage is submitted with this completed Waiver Form. If accepted, this Request for Waiver will apply to the 2008-2009 Policy year.

If you have proof of comparable insurance coverage and wish to waive coverage for the Injury and Sickness Benefits, the deadline to waive out of this Plan is **August 21, 2009**.

**Proof of Coverage must accompany this waiver.** Acceptable proof may be:

- A. Copy of the front and back of your Health Insurance Identification Card;
- B. Copy of the front page of your health insurance policy. If your parent/guardian has coverage through their employer, you could obtain a copy from the employer; or
- C. Copy of front and back of Military I.D. card.

Name of Student: \_\_\_\_\_

Student ID No.: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
(If Student ID No. is unknown)

Phone Number of Student: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address of Student: \_\_\_\_\_

Current Insurance Company: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

Insurance Company Phone No.: \_\_\_\_\_ Group Name: \_\_\_\_\_

Insured's Name on Policy: \_\_\_\_\_ Self: \_\_\_ Spouse: \_\_\_ Parents: \_\_\_

Insured's/Member ID No.: \_\_\_\_\_ Policy/Group No.: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_

I hereby request waiver of the Student Health Insurance and acknowledge that I am legally responsible for any and all medical expenses incurred by myself while enrolled at the Lamar University.

\_\_\_\_\_  
(Signature of Student or Parent if Student is under age 18)

\_\_\_\_\_  
Date

**Please return this completed form to:**

**Academic HealthPlans  
P.O. Box 1605  
Colleyville, Texas 76034-1605  
(817) 479-2100**