OLD DOMINION UNIVERSITY
RECREATION and WELLNESS DEPARTMENT
INTRAMURAL ROSTER ADDITION FORM

SPORT/ACTIVITY: _____ Semester _____

TEAM NAME (Please Print Legibly) _____

Men _____ Greek_____ Women_____ Co-Rec _____.

ATTENTION Your participation in this sport could result in Physical Injury which could be serious or fatal! Old Dominion University assumes no responsibility for injuries received during intramural activities. Your participation is completely voluntary. It is Strongly Recommended that all participants have a physical examination and secure adequate medical insurance prior to participation.

By signing below I attest that I have read the warning statement above and assume all financial responsibility for any and all medical treatment and transportation. If I have or have had any physical conditions, limitations, problems, or surgery, particularly of the heart, lungs, joints, muscles, or have been inactive for some time, it is my sole responsibility to consult a physician before beginning this activity. As a participant, I also assume knowledge of all rules for this activity.

PLEASE PRINT LEGIBLY

Team Name	Name	UIN	Phone #	Signature