PLEASE PRINT

LAKEHEAD UNIVERSITY CAMPUS RECREATION

TEAM ENTRY FORM

Activity/Sport _____
Name of Team _____
Faculty _____

Contact person for team: (ie. Captain) _____
Student Number: _____
Address (local): _____ Phone:_____

PLEASE NOTE: All participants are required to read and sign this waiver form.

Waiver Clause

Participation in athletics and recreation activities involves the risk of personal injury. The use of equipment, facilities and/or premises of Lakehead University by persons participating in athletics and recreational activities shall constitute the acceptance of that risk regardless of the nature of the injury. Lakehead University, its officers, employees and agents shall not be liable for any loss or damage sustained/suffered by persons participating in athletics or recreational activities, whether caused directly or indirectly by the negligence or fault of its officers, employees, agents or otherwise. It is recommended that before you become involved in a strenuous activity or program, you consult with your personal physician.

PLEASE NOTE: Signature indicates that you have read and accept all waivers.

TEAM MEMBERS Date:_____

NAME	STUDENT #	PHONE #	SIGNATURE

ADDITIONAL SIGNATURE SPACE ON REVERSE SIDE.

* Only 1 or 2 club players per team (as applicable) 1 male + 1 female.
* Only 1EX-varsity player per team.

DATE RECEIVED: _____ TIME RECEIVED:_____

NAME	STUDENT #	PHONE #	SIGNATURE