

Providence College
Intramural Sports Program
Waiver and Health Insurance Notification

I, _____ (print name), understand that playing in any recreational sport can be a dangerous activity involving many risks or injuries. I understand that in playing intramural sports, I hereby voluntarily assume all risks associated with participation in said sports and do hereby agree to exonerate and save harmless Providence College, its agents, employees, and members of the Intramural Athletic Board of any responsibilities in connection with my participation in the Intramural Program. I attest that I am in good health and physically able to undertake a general sports program or activity.

I also understand that the Student Health Center does not treat major injuries and may not be able to provide medical services and treatment required by an injury sustained while playing an Intramural or Recreational Sport. In the event of such an injury, I understand that it is my responsibility to pay for such treatment and services either through my health insurance carrier, or through out-of-pocket payment. I understand that Providence College does not assume any responsibility for payment of medical treatment of services not covered by my own health insurance or not offered through the Student Health Center.

I hereby certify that I understand the above sections and affirm that I am covered by an active insurance policy. I understand that failure to sign this waiver can restrict me from participation in Providence College Intramural Sports.

Student's Signature:

Date:

Banner ID Number:

Class Year: