



The University of Iowa  
Intramural Sports

# ROSTER ADDITION FORM

**ALL TEAM PLAYERS MUST COMPLETE BOTH SIDES OF THIS FORM**

Men's      Res Hall      Frat      Women's      Co-Rec      (circle one)

LEAGUE DAY OF THE WEEK: \_\_\_\_\_ LEAGUE TIME: \_\_\_\_\_

SPORT: \_\_\_\_\_

TEAM NAME: \_\_\_\_\_

CAPTAIN'S NAME: \_\_\_\_\_

CAPTAIN'S CELL PHONE: \_\_\_\_\_

	Player's Name (PLEASE PRINT CLEARLY)	University of Iowa ID #
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

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Players added to a team roster may not be on any other team's roster.

All team members must be on the team's roster in order to compete for the team listed.

Players must be added by 8:00 AM on the day of the game for weekday games  
and by 5:00 PM Fridays for weekend games to be eligible.

Roster Addition Forms can be submitted at E216 Field House in the office or the drop box.

Liability Waiver and Assumption of Risks For the University of Iowa Division of Recreational Services

INTRAMURAL SPORTS

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Team Captain (please print): \_\_\_\_\_

Date Signed: \_\_\_\_\_

In consideration of being permitted to participate in the University of Iowa Division of Recreational Services intramural program, I hereby release, on behalf of myself, my family, my heirs, and my assigns, the university of Iowa Division of Recreational Services, its employees, agents, and sponsors, from liability for injury, death, or loss suffered by me while participating in the intramural program, using the facilities, or engaging in any activities incidental thereto, wherever, whenever, or however the same may occur, which result from the ordinary negligence of the University of Iowa Division of Recreational Services, its employees, agents, or sponsors.

I also affirm that **I am voluntarily participating** in the University of Iowa Division of Recreational Services intramural program and further acknowledge that I know, understand, and appreciate the inherent risks of intramural programs(ranging from minor injuries such as sprains, to major injuries such as heart attack, knee injuries, to catastrophic injuries such as death or paralysis). I assume full responsibility for any and all injuries or damages from the inherent risks of intramural programs which may occur to me as a result of participation in the University of Iowa Division of Recreational Services intramural program.

- 1. I have read and understand and agree to the above: \_\_\_\_\_
- 2. I have read and understand and agree to the above: \_\_\_\_\_
- 3. I have read and understand and agree to the above: \_\_\_\_\_
- 4. I have read and understand and agree to the above: \_\_\_\_\_
- 5. I have read and understand and agree to the above: \_\_\_\_\_
- 6. I have read and understand and agree to the above: \_\_\_\_\_
- 7. I have read and understand and agree to the above: \_\_\_\_\_
- 8. I have read and understand and agree to the above: \_\_\_\_\_
- 9. I have read and understand and agree to the above: \_\_\_\_\_
- 10. I have read and understand and agree to the above: \_\_\_\_\_

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