Intramural Activities
Acknowledgment of Risk Statement

By signing this waiver:

1. I understand that, as a participant of Intramural Activities at South Texas College, there exists the possibility that I, as a participant, may incur an injury, the nature of which may be serious enough to have long-term or permanent disabling effects.

2. I hereby recognize and acknowledge that South Texas College does not carry health and/or hospital insurance for students. I understand that I may purchase insurance on my own through an agent of my choosing. I further recognize that there are certain risks inherent in the participation of such recreational activities which I hereby voluntarily assume. Therefore, I hereby release and discharge South Texas College, its governing board, officers, faculty, staff, coaches, and other employees from all obligations, liabilities, claims, demands, costs, and expenses, including attorney=s fees, arising out of, or in any way connected with, any bodily injury sustained by the participant whether such injury results from the negligence of the aforesaid persons or from some other cause.

3. I understand that photographs may be taken and used by the college. I hereby release any and all claims of said photos to South Texas College.

4. I authorize the Office of Student Activities to verify my enrollment at South Texas College. I also acknowledge that falsifying any information may result in disciplinary action against me by the college.

Student's Name	Parental Consent (Signature)	Student ID#	Parent's Phone#	Date