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**OKLAHOMA CITY UNIVERSITY INTRAMURAL
& RECREATONAL ACTIVITIES
INDIVIDUAL/DUAL SPORTS ENTRY FORM**

ACTIVITY: _____

DIVISIONS OF PLAY (CIRCLE ONE IF APPLICABLE)

MEN'S WOMEN'S COED

LEAGUE (CIRCLE ONE IF APPLICABLE)

COMPETITIVE RECREATIONAL

AWARD POINTS TO:			
Your Name:	Mailbox #:	Phone #:	Email:
Partner's Name:	Mailbox #:	Phone #:	Email:

I understand that parts of Intramural & Recreational Activities may be physically demanding. I recognize the inherent risk of injury in Intramural & Recreational Activities. I understand that each participant must assume the risk of injury and any related financial responsibility that could result from participation in any Intramural & Recreational activity. I agree to hold harmless Oklahoma City University, its employees, staff and volunteers from all claims, including bodily injury that I may have on my behalf that may be sustained in connection with my participation in the above-mentioned activities. The undersigned individuals have read and understood the statement written above.

YOUR SIGNATURE: _____ **DATE:** _____

PARTNER'S SIGNATURE: _____ **DATE:** _____