

Bucknell University Recreation Services Golf Entry

Date: _____

Staff Initials: _____

Deposit: _____



League (Circle One): **Men's** **Women's**

Participant Name: _____

Email: _____

Campus Mail Box: _____ **Phone:** _____

Note: Greens Fees will be charged

Bucknell University *Statement of Informed Consent*

In participating in recreational sports, I recognize that certain risks and dangers exist. These risks include personal injury and the loss or damage to personal property, due to bodily collisions that are inherent in sports. I am aware that participation in this activity may include bodily contact with members of the opposite sex. I am also aware that there are specific guidelines and rules regarding this contact.

I understand that Bucknell University, its officers, employees and agents, game officials, volunteers, and all participating sponsors (hereafter "releases") shall assume no responsibility or liability for me for accident, illness or loss or damage of personal property, I acknowledge and do hereby assume all risks inherent in the use of Bucknell University's playing fields and field house and in connection with this activity, and I for myself, heirs, executors, administrators and assigns do hereby expressly release and discharge the releases from all claims, demands, liability actions or judgments of any kind whether caused by the negligence of said releases or otherwise which I now have or in the future against said releases or any of them arising out of my participation in this recreational activity.

My signature on this document certifies that my participation in the stated activities is voluntary and that I understand the risks involved in participation.

Signature _____

Important Dates To Remember:

Captain's Meeting

TBA

7:30 p.m.

Rosters Due

TBA

12:00 Noon

Play Begins

TBA