

Captain Change Form

Sport:___

To Be Filled Out By Current Captain and New Captain

I,, Team Captair	n of	, in the	
division, would like to allocate		_ to be the new captain.	
Current Team Captain Signature	// Date		
I,, accept the responsibility of Team Captain of and by signing below certify that I have read all the policies and procedures of Intramural Sports as specified in the captain's guide and that I will abide by all. In addition I have read and agree to abide by the statements below.			
New Team Captain Signature	// Date		

NOTE: This form will not be approved if the team has any unpaid forfeits under the original captain's name. Liability

The University of Central Florida does not provide accident insurance coverage for injuries received by Intramural participants. Each participant should make sure that he/she has coverage either through family policies or the student insurance plan, available through UCF Health Services.

Assumption of Risk

By registering a team, team captains assume the responsibility of making their teammates aware of the various risks of participating in this activity. <u>Captains must share this statement with their teammates prior to their participation</u>. Participation in sporting and athletic activities involves certain inherent risks. This includes, without limitation, the significant risk of serious personal injury or death and the significant risk of personal property damage or destruction

Hold Harmless Statement

Participants assume all risks and consequences associated with or arising in connection with such participation. Participants agree to indemnify and hold harmless the State of Florida, the Board of Trustees of UCF, and the University of Central Florida (UCF), and their employees and students, and all organizations involved in the coordination, hosting, staffing and contribution of equipment and supplies, and their agents, servants and employees from and against any and all claims, damages, actions, liability and expenses in connection with loss of life, personal injury and/or damage to property arising out of my participation in the above-referenced activity.

Date Received	Time Received
Date Approved	League Coordinator: