

DIVINE WORD UNIVERSITY

WAIVER TO PLAY SPORTS

The following student will be enrolled in Divine Word University for studies in _____
Year

I _____
Student full name & Department
as the parent/legal guardian of this student give my consent for him/her to participate while a student of the University in all organised sports except for the following:

I accept full responsibility for any injuries death of damage suffered in such sports and waive any right to make claims against Divine Word University its staff and its students because of any such injuries death of damage the student might suffer from participating in such sports.

This also applies for the duration of any excursions that are organised in conjunction with such sports participation

Signature: _____
Parent/Guardian Date: _____

Relationship to Student: _____