



# Campus Recreation Services

www.cofc.edu/~crsweb

843-953-5559

## Substitution Form

CRS employees who have found a replacement to work a single scheduled shift must complete this form and have it approved by the CRS coordinator or director.

The approval must be given before the substitution is made.

### Employee

Signature \_\_\_\_\_

Date \_\_\_\_\_

Shift date and times \_\_\_\_\_

### Substitute

Signature \_\_\_\_\_

Date \_\_\_\_\_

**My signature affirms that I will be held responsible to complete the shift listed.**

### CRS Office Approval

Signature \_\_\_\_\_

Date \_\_\_\_\_

Facility Matters\Weight Room\SubstitutionForm1.doc

Participation in any **Campus Recreation Services** activity is completely voluntary. Individuals assume the risk for any harm or injuries caused as a result of their participation. Participants need to be aware of the possibilities of bodily injury and should understand that they are responsible for any and all costs that may stem from an injury or property damage incurred during participation.