



Athletic Tryout Waiver Form

Acknowledgement of Risk

I understand that participation in intercollegiate athletics includes the risk of bodily injury, including but not limited to, serious permanent injury and death. I further understand that such injuries may occur in the absence of negligence. To minimize the risk of bodily injury, I agree to obey all safety rules, to report fully any problems related to my physical condition to appropriate university personnel including coaches and athletic training staff, and to follow all coaching instruction during the tryout.

My signature below indicates that I am aware of the risks of injury inherent in athletic participation and that such risks may include DEATH, PERMANENT PARALYSIS, AND OTHER SERIOUS PERMANENT BODILY INJURY.

I acknowledge that I am participating in these activities voluntarily. I understand my obligations as set forth in this document, and agree to meet these obligations as a condition of my participation in this tryout.

Sport: _____ Print Name: _____ Date: _____

Date of Birth: _____ Student Signature: _____

Parent / Guardian Name & Signature if under age 18) _____

Liability Waiver

I verify that I am in good health and do not have a history of any injury or illness that could endanger my safety during my participation in athletic activity. I further understand the inherent risk involved in participation in athletic activity that includes death, permanent paralysis, or permanent bodily injury. I have read the above statements and I am willing to assume full responsibility for the risks while participating in the athletic tryout. I hereby waive any and all medical claims, cause of action, and rights of entitlement, suits or damages against the University of Saint Katherine, the Athletics Department, or any of its employees, contracted agents or representatives, as a result of or in conjunction with athletic participation in the athletic tryout. I further understand and acknowledge that the University of Saint Katherine is under no obligation to provide financial support for any such injury and that any bills for medical services required as a result of my participation in the tryout are the sole responsibility of my family and myself.

Student Signature: _____ Date: _____

Parent / Guardian Name & Signature if under age 18) _____

By signing below I Affirm That:

- I am not currently under the care of a physician for an injury or illness that would prevent my safe participation in collegiate athletics.
- I am not currently being treated for or recovering from an orthopedic injury that would prevent my safe participation in collegiate athletics.
- I have no history of syncope (fainting) or other medical problems related to participation in strenuous physical activity or exercise.
- I am in good health and there is no reason why I cannot safely participate in strenuous physical activity or exercise.
- I have not been advised by a physician not to participate in physical activity or exercise or sports due to a medical condition or previous bodily injury.

Student Signature: _____ Date: _____

Parent / Guardian Name & Signature if under age 18) _____

Department of Athletics