

UNIVERSITY OF THE INCARNATE WORD ATHLETIC TRAINING DEPARTMENT
Assumption of Risk and Try-Out Waiver

ASSUMPTION OF RISK

Try-out date: _____

I (We) understand that participation in sports requires a personal acceptance of risk of injury. I generally expect that those who are responsible for the conduct of sports take reasonable precautions to minimize such risk and that my peers participating in the sport will not intentionally inflict wrongful injury upon me.

I understand that trying-out for Intercollegiate Athletics at the University of the Incarnate Word may result in injury/illness, permanent physical or mental impairment or even death. These injuries may be minor or may be career or life threatening. I understand that the University of the Incarnate Word cannot be held responsible for any injuries or conditions that may be caused by the actions of other athletes or teams. I also understand that injuries may be caused by my own failure to follow safety procedures or techniques which are made known to me by my coaching staff, athletic training staff, or by the strength and condition personnel or are otherwise known to me from another source including but not limited to medical personnel of the university.

I have read the above shared responsibility statement. I understand that there are certain inherent risks involved in trying-out for intercollegiate athletics. I acknowledge the fact that these risks exist and I am willing to assume responsibility for **any and all** such risks while trying-out for Intercollegiate Athletics at the University of the Incarnate Word. I also agree to the following:

- A. I understand that this try-out waiver will be valid only for the day of the try-out as stated above.
- B. I voluntarily assume all risks associated with my trying-out for Intercollegiate Athletics.
- C. I accept that the University of the Incarnate Word and its personnel are not to be held responsible for any pre-existing medical condition(s) that I may have.
- D. I understand that I must provide proof of a physical examination completed by a physician prior to the try-out and that the physical examination must have been completed: 1. within six (6) months of the start of my senior year of high school & within the last year or 2. by the UIW team physician prior to the try-out.
- E. I understand and agree that if I experience an injury/illness or change in my health status *it is my responsibility* to inform the coach immediately and to arrange for personalized medical care for that particular injury. I also understand that the University of the Incarnate Word medical personnel cannot help me beyond standard first aid.
- F. In consideration of the University of the Incarnate Word providing the opportunity for me to participate in the try-out, I release the University of the Incarnate Word, its Board of Trustees, officers and employees from any and all liability to me for any and all claims, demands and causes of action for any and all personal illness or injury to me in any way connected with this activity.

Prospective Student-Athlete's Initials _____

UNDERSTANDING & AUTHORIZATION

I (We) hereby attest that I (we) understand this assumption of risk and try-out waiver associated with participating in intercollegiate athletics and will not hold the University of the Incarnate Word, its Board of Trustees, officers, employees and agents financially responsible for any injury/illness sustained while trying-out.

STUDENT-ATHLETE PRINT NAME

STUDENT-ATHLETE SIGNATURE

STUDENT-ATHLETE SPORT

DATE

PARENT/GUARDIAN PRINT NAME (if under 18 years of age)

PARENT/GUARDIAN SIGNATURE (if under 18 years of age)

DATE

WITNESS/REVIEWER'S PRINT NAME

WITNESS/REVIEWER'S SIGNATURE

DATE