



## Athletic Tryout - Waiver Form

### Acknowledgement of Risk:

I understand that participation in intercollegiate athletics and tryouts 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 Titans 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 tryouts and participation and that such risks may include death or 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.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Participant's Signature: \_\_\_\_\_

Parent/Guardian Name and Signature (if Participant is under age 18):

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### 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 activities. I further understand the inherent risk involved in participation in athletic activity includes death, permanent paralysis, or permanent bodily injury. I have read the above statements and I am willing to voluntarily assume full responsibility for the risks while participating in the athletic tryout. I hereby waive any and all liability, including negligence, medical claims, causes of action, and rights of entitlement, suits or damages against and release Titans Fastpitch, 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 Titans Fastpitch 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.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Guardian Name & Signature (if Participant is under age 18):

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