



SAU ATHLETICS PROSPECTIVE STUDENT-ATHLETE TRY-OUT PARTICIPATION WAIVER



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.

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.

Sport: _____ Print Name: _____ Date: _____

Date of Birth: _____ Student Signature: _____

Parent/Guardian 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 athletics. I, on behalf of myself, my personal representatives, heirs, executors, administrators, agents and assigns, hereby agree to waive, release, and discharge any and all medical claims, cause of action, and rights of entitlement, suits or damages against **Saint Augustine's University**, the Athletics Department, or any of its employees, contracted agents or representatives, as a result of or in conjunction with athletics participation. I further understand and acknowledge that **Saint Augustine's University** and its agents are 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 are the sole responsibility of my family and myself.

Prospective Student-Athlete Signature: _____ Date: _____

Parent/Guardian 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 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 fully understand this waiver and the release provisions of this document.
- 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.

Prospective Student-Athlete Signature: _____ Date: _____

Parent/Guardian Signature (if under age 18): _____