

Do you have any physical limitations or injuries that we should be aware of? _____

If YES, please explain _____

Are you allergic to any medications? _____

I agree to follow all rules and instructions given by the coaching staff at RU during the weekend of tryouts. I understand that participating in any athletic sport or affiliated supporting program is not without risk of serious injury. I have been warned of this risk and will not hold the University or its coaching staff responsible for illness, accident, or injury.

Signature _____ **Date** ____/____/____

TRY OUT RELEASE & WAIVER OF LIABILITY

I, _____, certify that I am currently enrolled as a full-time student at the Reinhardt University (at least 12 credit hours). I acknowledge that I am completely aware of the inherent risks associated with _____, and hereby waive, release, and discharge the State of Georgia, the Georgia State Board of Higher Education, the Reinhardt University, RU Athletics, the RU Sports Medicine Department, its physicians, the athletic team, and all of their respective members, officers, employees, and agents (hereinafter referred to as **THE UNIVERSITY GROUP**), from any and all liability and responsibility in the event that I become injured in any way during the tryout period. I further state that I take full responsibility for any injury that may occur as a result of my participation, and that I will not hold THE UNIVERSITY GROUP responsible for any aggravation of pre-existing injuries prior to or during this tryout. I warrant that I am in adequate physical condition, that I am physically able to perform this tryout, and that I have no known physical conditions, which could be materially worsened or aggravated by my participation, unless stated below:

It is my understanding that RU athletics may deny my participation in a tryout due to a medical condition found in my health history. It is my understanding that any pre-existing medical condition may have to be corrected prior to the tryout and/or acceptance to the team. In addition, all costs associated with any tests, consultations, and/or medical procedures needed to gain approval/certification for participation are the responsibility of myself, and/or my parent(s) / guardian(s).

In consideration for RU Athletics granting me permission to engage in said tryout, and thereby foregoing its right to prevent me from participating in said tryout, I hereby release THE UNIVERSITY GROUP from any and all liability, claims, costs or expenses resulting from any and all injuries that I may suffer during my participation in a tryout. I further acknowledge that I am signing this waiver voluntarily and with complete understanding of the terms and conditions herein.

Student-Athlete Signature _____ Date _____

Parent / Guardian Signature) _____ Date _____
(if under 18 years of age

Parent / Guardian Print Name _____ Date _____

Witness Signature _____ Date _____