

The Master's University

Department of Athletics

Conditional Waiver and Release for Team Tryouts

I, (print name) _____, intend to tryout for an athletic team at

The Master's University in the sport of _____, under the following conditions:

I understand that a position on the roster of the above named sport is based on the outcome of my tryout. If a position on the team is secured, I understand that I will be required to provide a completed Pre-participation Physical Examination. The appropriate forms may be picked up from the athletic training staff and may be completed by your personal physician or through appointment in the University health center. I understand and accept that activities involved in the above mentioned sport may result in various injuries, including but not limited to: sprains/strains, fractured bones, head/neck injuries, unconsciousness, loss of eye sight, paralysis, communicable diseases, and even death. I understand that the dangers and risks of playing or practicing in the above named sport may result not only in injury, but in serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

I agree to hold The Master's University, its employees, representatives, athletic training staff, team coaches, and volunteers, harmless from any and all liability, actions, cause of action, debts, claims or demands of any kind and nature whatsoever, which may arise by or in connection with my tryout for the above named sport at The Master's University. The terms hereof shall serve as a release and assumption of risk and responsibility for my heirs, estate, executor, administrator, assignees, and for all members of my family. I understand that if an injury should occur that requires emergency medical treatment beyond the capabilities of The Master's University Athletic Training Staff, I am financially responsible and liable for any and all medical bills pursuant to that medical treatment.

Signature of Student-athlete _____ Date _____

Signature of Parent/Guardian _____ Date _____
(If student-athlete is under 18)