

LIBERTY UNIVERSITY
SPORTS MEDICINE
TRYOUT WAIVER

Name: _____ Sport: _____

Date of Tryout: _____

I understand that while I am trying out for the Liberty University _____ team, I may sustain an injury to any part of my body. I accept this risk and wish to participate in tryouts. I also understand that the Liberty University Sports Medicine Department will only provide first-aid procedures to manage the injury. However, if I do receive medical services off campus (i.e. emergency room, orthopedic physician, x-ray, etc.), I will solely be responsible for the cost of any such treatment. I also understand and accept that it is the LU Sports Medicine Department's judgment as to when or if I will be allowed to participate after such an injury has occurred.

I understand that in order to be eligible to try out for any athletic team at Liberty University, according to NCAA Bylaw 17.1.5, I must present to the LU Sports Medicine Department proof of a physical examination that has been completed by a licensed physician within the previous six months of my tryout stating that I am physically capable and cleared to participate in collegiate athletics. I also understand that if I am selected as a member of the team for which I am trying out, I must obtain a physical examination, if I have not already done so, by a Liberty University team physician before I am eligible to participate. I also understand that I am responsible for all costs associated with each required physical exam.

This signed document releases Liberty University, its employees, agents, representatives, coaches, athletic trainers, and volunteers from any liability or **cost** associated with any injury.

This waiver is effective for three tryout sessions that must be performed within a seven day period of the first session.

SIGNATURE OF PARTICIPANT

DATE

SIGNATURE OF PARENT OR LEGAL
GUARDIAN OF MINOR PARTICIPANT

DATE