



**MISSOURI BAPTIST UNIVERSITY ATHLETICS  
1-DAY TRYOUT WAIVER OF LIABILITY,  
COVENANT NOT TO SUE, ASSUMPTION OF RISK**

**PROSPECTIVE STUDENT-ATHLETE INFORMATION**

Name \_\_\_\_\_ Sport \_\_\_\_\_

SSN \_\_\_\_\_ MBU ID \_\_\_\_\_

Required if currently enrolled

Date of Birth: \_\_\_\_\_

College Address: \_\_\_\_\_  
STREET CITY STATE ZIP

College Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Home/Permanent Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact (if not parent/Guardian) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**TRYOUT INFORMATION**

Date of Tryout \_\_\_\_\_ Location of Tryout \_\_\_\_\_

Time tryout begins \_\_\_\_\_ Time tryout Ends \_\_\_\_\_

Coach Responsible for Tryout \_\_\_\_\_

**MEDICAL HISTORY**

Please provide information on any past injuries/illnesses and dates for each.

Sprains or Strains \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_ DATE: \_\_\_\_\_

Fractures \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_ DATE: \_\_\_\_\_

Surgeries \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_ DATE: \_\_\_\_\_

Major Illnesses \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_ DATE: \_\_\_\_\_

Other \_\_\_\_\_ DATE: \_\_\_\_\_

**(OVER)**

**INSURANCE INFORMATION**

Must be on file before any participation is allowed.

**Insurance Company Name** \_\_\_\_\_

**Name of Policyholder** \_\_\_\_\_

**Identification/ Plan/Subscriber Number** \_\_\_\_\_

**Policy/Group Number** \_\_\_\_\_

**ASSUMPTION OF RISK FOR TRYOUTS**

**1. Risk of Injury**

Intercollegiate athletics may constitute a dangerous activity involving the risk of injury. Those dangers and risk of participation include, but are not limited to death, severe neck and spinal injuries that may cause partial or complete paralysis, brain damage, severe internal injury, severe injury to bones, joints, tendons, ligaments, muscles, and other aspects of the musculoskeletal system, and damage to property. It is understood that such injury may result in serious impairment of future abilities to engage in other business and generally enjoy life. It is the responsibility of each participant to participate only in those activities for which they have the prerequisite skills, qualifications, preparations, and training. Missouri Baptist University Athletic Training is only allowed to give basic first aid treatment for any injury sustained during this tryout.

**2. Acknowledgement and Assumption of Risk**

I have read the above notice carefully and hereby assume all risks of damages of injury, including death that I may sustain while participating in intercollegiate athletics. I hereby release and forever discharge Missouri Baptist University, its members individually, its officers, agents, and employees of any and all claims, demands, rights and causes of action arising from all known, unknown, foreseen, and unforeseen bodily and personal injury, damage to property, and consequences thereof resulting from participation in intercollegiate athletics.

**I hereby assume all cost responsibilities relating to any injury that might occur while participating in this tryout.**

**IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT**

*I have fully informed myself of the contents of the Waiver of Liability by reading it before I signed it, and that I understand it and that I sign this document freely and voluntarily, no oral representation, statements, or inducements, apart from the foregoing written agreement, have been made. I am about to participate in an athletic tryout on my own initiative and upon my own assumption of risk, in an activity sponsored by the Department of Athletics at Missouri Baptist University. I further state that I am at least eighteen (18) years of age and fully competent to sign this agreement; (OR if under the age of eighteen (18) a co-signature of parent or guardian) and that I execute this Release for full, adequate consideration fully intending to be bound by the same.*

*Having read and fully understood the above, I certify that all information provided above is true and correct, and freely sign this Release and Hold Harmless Agreement.*

\_\_\_\_\_  
**Prospect's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Prospect's Date of Birth**

\_\_\_\_\_  
**Parent/Guardian Signature\***  
**(\*Required if a minor)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Prospect's SSN or MBU ID**