



MISSOURI BAPTIST UNIVERSITY ATHLETICS 1-DAY TRYOUT WAIVER

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 _____

LIST ANY ONGOING MEDICAL CONDITIONS: _____

WAIVER OF LIABILITY, COVENANT NOT TO SUE, ASSUMPTION OF RISK

I, the undersigned, hereby acknowledge that participation in athletic activities involves an inherent risk of physical injury. The undersigned hereby agrees that for the sole consideration of Missouri Baptist University allowing the undersigned to participate in athletic activities for which or in connection with which the University sponsored or made available any equipment, facilities, grounds, or personnel for such activities or to the undersigned while participating in any such programs or activities, the undersigned does hereby release and forever discharge Missouri Baptist University, its members officially and individually, and its officers, agents, and employees of any and all claims, demands, rights, and causes of action of whatever kind or nature, arising from any injuries, damage to property, and the consequence thereof, including death, resulting from my participation in any way connected with such athletic activities. Missouri Baptist University Athletic Training is only allowed to give basic first aid treatment for any injury sustained during this tryout.

(OVER)

NOTICE TO ALL PERSONS PARTICIPATING IN ATHLETIC ACTIVITIES

Many athletic activities involve substantial risks of bodily injury, property damage, and other dangers associated with participation. Dangers peculiar to such activities include, but are not limited to: hypothermia, broken bones, sprains, strains, bruises, drowning, concussion, heart attack, and heat exhaustion, or even death. Each participant in such activities should realize that there are risks, hazards, and dangers inherent in such activities and in the training, preparation for, and travel to and from such activities. It is the responsibility of each participant to participate only in those activities for which they have the prerequisite skills, qualifications, preparations, and training.

I fully understand all of the above, I accept and assume all risk involved in any such activities in which I participate as either part of a voluntary intercollegiate sport tryout. I assume all medical expense responsibility for any injuries sustained in voluntary intercollegiate sport tryout. 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. I acknowledge this waiver is for a 24-hour period only and cannot: Take the place of a physical for future team participation.

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