



MISSOURI BAPTIST UNIVERSITY ATHLETIC TRAINING VOLUNTEER COACH - WAIVER

ATHLETE INFORMATION

Name: _____ Sport: _____ Date of Birth: _____

Address: _____
STREET CITY STATE ZIP

Home Phone: (____) _____ - _____

Cell Phone: (____) _____ - _____

Work Phone: (____) _____ - _____

Email: _____

Emergency Contact: _____

Cell Phone: (____) _____ - _____

Relationship: _____

HEALTH INSURANCE

Insurance Company: _____

Plan/ID #: _____

Policyholder: _____

Group # (if applicable) _____

SPORT INFORMATION

Academic Year: _____

Head Coach Responsible: _____

LIST ANY ONGOING MEDICAL CONDITIONS: _____

VOLUNTEER COACH

Definition: Any individual coaching/participating in an organized practice, scrimmage, game, or other team activity who is not under contract with Missouri Baptist University (MBU) Athletic Department and does not have a physical performed by the MBU Team Physician on file with the athletic training department for the current academic year.

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.

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 activity. I assume all medical expense responsibility for any injuries sustained in voluntary intercollegiate activity. . I acknowledge this waiver is for a 24-hour period only and cannot: Take the place of a tryout waiver, or take the place of a physical for future team participation.

Participant Signature

Date

Participation Approved by the MBU Director of Athletics _____ to _____
Date Date