**UVM ATHLETICS – TRYOUT PARTICIPATION WAIVER**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print name), certify that I am currently enrolled as a full-time student at the University of Vermont (“UVM”).

I acknowledge that I am completely aware of the inherent risks associated with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (sport) and with participation in a try-out for a sport. I understand that, in addition to the risks of injury, which may include death, my participation in that sport may cause aggravation of pre-existing injuries. Knowing this, I take full responsibility for any injury that may occur because of my participation in the try-out.

I warrant that I am in adequate physical condition, and physically able to perform this tryout, and that I have no known physical conditions, which could jeopardize my health, be materially worsened or be aggravated by my participation, unless stated below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that to participate in the try out, I must undergo and pass a Pre-Participation Physical Examination performed by a University of Vermont Team Physician and Athletic Medicine Staff member (“UVM Physical”) and I hereby consent to such a UVM Physical. I will also provide any necessary health provider consents reasonably requested in connection with the UVM Physical, so that UVM athletics can review my prior health records.

It is my understanding that the University of Vermont Athletic Medicine Department may deny my participation in a tryout due to a medical condition found because of the UVM Physical or a medical condition in my health history.

I understand that any pre-existing medical condition may have to be corrected prior to the tryout and/or acceptance to the team and that under certain circumstances to tryout, in addition to the UVM Physical, I may have to provide written clearance from a qualified medical professional to participate. All costs associated with any tests, consultations, and/or medical procedures needed to gain approval/certification for participation are the responsibility of myself, and/or my parent(s)/guardian(s).

I further acknowledge that I am signing this consent voluntarily, with complete understanding of the terms and conditions herein, and that, as applicable, I have discussed my participation and the related risks with my parents and/or guardians.

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| Student-Athlete Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_\_\_\_  Student Identification Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent / Guardian Signature (if under 18 years of age): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent / Guardian Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_\_\_ |

**ASSUMPTION OF RISK / RELEASE**

In consideration of being allowed to participate in team tryouts at the University of Vermont and/or related events and activities of the Intercollegiate Athletics program at the University of Vermont, I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print name):

a. acknowledge and fully understand that I will be engaging in activities that involve risk or potentially serious injury including permanent disability and death, and severe social and economic losses which might result not only from my actions, inactions or negligence, but the actions, inactions or negligence of others, the rules of play or the condition of the premises or of any equipment used. Further, that there may be other risks not known to me or not reasonably foreseeable at this time.

b. Knowingly and freely assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death.

c. Understand that I have been advised by the University of Vermont and the Department of Intercollegiate Athletics and University of Vermont Athletic Medicine Department to procure health and accident insurance to cover the cost incurred from injuries I may sustain because of my participation in Athletic Department activities.

d. Voluntarily assume all risks of loss, damage, illness, injury or death that I may sustain while participating in University or Athletic Department activities and in consideration of the right to participate in such programs, I agree to refrain from instituting any claim, demand or cause of action for damages, costs or compensation against the University of Vermont or the Department of Intercollegiate Athletics which may occur as a result of participation in University or Athletic Department activities.

e. Have read and understand the content of the waiver and release and sign voluntarily.

f. I understand that if I become accepted to and officially rostered on the Team, I will have the benefits and protections of a UVM rostered student athlete which will supersede this release.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent / Guardian Signature (if under 18 years old) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_