

Athletic Tryout

Oklahoma Wesleyan University Athletic Department Acceptance of Risk Liability Waiver

1. I certify that I have passed a physical examination by a duly licensed physician who has placed no restrictions on my physical activity. I agree to present a written copy of this examination to the coach at the time tryouts begin.
2. I understand that having passed a physical examination does not necessarily mean that I am physically qualified to engage in athletics, but only that the examiner did not find a medical reason to disqualify me. I do not have any medical or emotional condition which would endanger my health and well-being by engaging in strenuous activity.
3. I understand and accept the risk of injury, permanent disability, and death inherent in the sport. By signing below I pledge to do my best to reduce these risks by keeping the best physical condition and following the advice of the athletic trainer and coach concerning the prevention, treatment, and rehabilitation of athletic injuries.
4. I certify that I have primary medical coverage and I release Oklahoma Wesleyan University and its Athletic Department of any financial obligation for any medical bills incurred as a result of injury during this tryout period.
5. I understand that I am not entitled to facilities or services of the athletic training room during this tryout period except for emergency care.
6. I grant permission to the sports medicine staff to hospitalize and secure treatment for me for any athletic injuries. (If the athlete is under 18 years of age, the undersigned parent grants permission to the sports medicine staff to hospitalize and secure treatment for his/her son, daughter, or ward for any athletic injury or illness).
7. I give the sports medicine staff, the Student Health Center staff, and all consulting physicians my permission to exchange, written or orally, any information concerning any illness or injury, with others.

I, the undersigned, have read and understand this acceptance of risk liability waiver and agree to follow any advice and procedures set forth. I also hereby release Oklahoma Wesleyan University, its agents and employees from any liability caused by, or rising out of, participation in the University's athletic program unless solely and directly caused by negligence of University agents or employees.

THIS IS A RELEASE OF LEGAL RIGHTS, READ CAREFULLY BEFORE SIGNING.

Printed Name of Tryout Athlete: _____ Age: _____
Signature of Tryout Athlete: _____ Date: _____
Printed Name of Parent/Guardian: _____ Date: _____
Signature of Parent/Guardian: _____ Date: _____
Parents' Work Phone: _____ Parent Home Phone: _____

