AUBURN UNIVERSITY
TRY OUT RELEASE & WAIVER OF LIABILITY

I,_____ , certify that I am currently enrolled as a full-time

Student-Athlete Print Name

student at the Auburn University (at least 12 credit hours). I acknowledge that I am completely aware of the inherent risks associated with_____ and with participation in a try-out for that

Sport

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 as a result of my participation in the try-out. Further, in consideration of the Auburn University granting me permission to participate in this tryout, I hereby agree to irrevocably and unconditionally release, hold harmless, and indemnify the State of Alabama, Auburn University, and their officers, employees and agents (hereinafter referred to as the "University") from any and all liability, demands, claims, and causes of action in the event that I become injured in any way as a result of my participation in the tryout period. 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 be materially worsened or aggravated by my participation, unless stated below:

_____
_____
_____
_____

I also have accurately and completely filled out the attached Health History Questionnaire. It is my understanding that the Auburn University Sports Medicine Department may deny my participation in a tryout due to a medical condition found in my health history. I understand that any pre-existing medical condition may have to be corrected prior to the try-out and/or acceptance to the team. In addition, 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 waiver 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.

_____   Date_____
Student-Athlete Signature

_____
Student Identification Number

_____   Date_____
Parent / Guardian Signature (if under 18 years of age)

_____
Parent / Guardian Printed Name

_____   Date_____
Witness Signature