

St. Mary's University Athletic Department  
*TRY-OUT WAIVER*

The undersigned herewith formally acknowledges and declares the following:

I (We) understand that trying out for a sport requires a personal acceptance of risk of injury. Athletes generally expect that those who are responsible for the conduct of sport take reasonable precautions to minimize such risk and that their peers participating in the sport will not intentionally inflict wrongful injury upon them.

I (We) understand that trying out for Intercollegiate Athletics at St. Mary's University may result in injury/illness, permanent physical or mental impairment or even death. These injuries may be minor or may be career or life-threatening. I understand that St. Mary's University cannot be held responsible for any injuries or conditions that may be caused by the actions of other athletes or teams. I also understand that injuries may be caused by my own failure to follow safety procedures or techniques which are made known to me by my coaching staff, athletic training staff, or by the strength and condition personnel or are otherwise known to me from another source including but not limited to medical personnel of the university.

I (We) have read the above shared responsibility statement. I understand that there are certain inherent risks involved in trying out for intercollegiate athletics. I acknowledge the fact that these risks exist and I am willing to assume responsibility for **any and all** such risks while trying out for Intercollegiate Athletics at St. Mary's University. I also agree to the following:

- A. I voluntarily assume all risks associated with my trying out for Intercollegiate Athletics.
- B. I accept that St. Mary's University and its personnel are not to be held responsible for any medical condition(s) that I may currently have, have had, or still have prior to my try-out. I also understand that should I decide to remain or am selected to the team, that St. Mary's University medical personnel cannot help me beyond standard first aid until I have taken a physical examination.
- C. I understand that I must have a physical examination completed immediately if I am selected or decide to remain with the team after my try-out and that I have one week from the time of decision/selection to complete the pre-participation physical examination.
- D. I understand that this try-out form does not constitute that I have had a physical examination or that I have been cleared to participate by a physician or any medical personnel associated with St. Mary's University.
- E. I understand and agree that if I experience an injury/illness or change in my health status during the try-out **it is my responsibility** to arrange for medical care for that particular injury should I quit the team or am not selected for the team.
- F. I understand that this try-out waiver will expire exactly on this date: \_\_\_\_\_, and that it will be my responsibility to get a pre-participation physical examination in accordance with St. Mary's University's Athletic Training Department's Policy and Procedures.

**I (WE) HAVE READ, UNDERSTAND AND VOLUNTARILY AGREED TO THE ABOVE STATEMENTS.**

\_\_\_\_\_  
Printed Name \_\_\_\_\_  
Sport

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

\_\_\_\_\_  
Parent/Guardian Signature (if under 18 years of age) Date

\_\_\_\_\_  
Coach Date

\_\_\_\_\_  
Compliance Officer or Designee Date