



Athletics Try-out Waiver

Name: _____ Sport: _____

Date of Birth: _____

I understand that my participation in this try-out involves the risk of injury to myself, and that no amount of precaution by Grand Valley State University can eliminate such risk. Because of this, and in consideration of Grand Valley's willingness to allow me to participate in these try-outs, I agree to the following:

1. I will participate in these try-outs in a careful and prudent manner and will attempt whenever possible to minimize the risk of injury to myself and to others.
2. I hereby release Grand Valley State University, its agents, officers and employees from liability for any injury to myself or my property suffered at, or arising out of, these try-outs. I give this waiver and release intending to legally bind myself and my heirs, representatives, successors and assigns.
3. If, during the course of my participation at these try-outs, or otherwise, I notice any situation which I believe causes a significant risk of injury to myself or others, I will promptly notify the coach or other member of the staff who is in charge of these try-outs.
4. I will provide a copy physical examination done within the past 6 months.

**I have carefully read this release and waiver of liability.
I understand its terms and have signed voluntarily.**

Date _____
Signature of Student

We agree to the terms of this release.

Date _____
Signature of parent or guardian required if the party signing the waiver is under 18 years of age.