



Department of Athletics  
Sports Medicine

## TRY OUT RELEASE & WAIVER OF LIABILITY

I, \_\_\_\_\_, certify that I am currently enrolled as a full-time  
Student-Athlete Print Name

student at the University of Maryland (at least 12 credit hours). I acknowledge that I am completely aware of the inherent risks associated with \_\_\_\_\_, and hereby waive, release, and discharge the  
Sport

State of Maryland, the Maryland State Board of Higher Education, the University of Maryland, the University of Maryland Department of Intercollegiate Athletics, the University of Maryland Sports Medicine Department, its physicians, the athletic team, and all of their respective members, officers, employees, and agents (hereinafter referred to as **THE UNIVERSITY GROUP**), from any and all liability and responsibility in the event that I become injured in any way during the tryout period. I further state that I take full responsibility for any injury that may occur as a result of my participation, and that I will not hold THE UNIVERSITY GROUP responsible for any aggravation of pre-existing injuries prior to or during this tryout.

I warrant that I am in adequate physical condition, that I am 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:

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

It is my understanding that the University of Maryland Sports Medicine Department may deny my participation in a tryout due to a medical condition found in my health history. It is my understanding 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).

In consideration for the University of Maryland granting me permission to engage in said tryout, and thereby foregoing its right to prevent me from participating in said tryout, I hereby release THE UNIVERSITY GROUP from any and all liability, claims, costs or expenses resulting from any and all injuries that I may suffer during my participation in a tryout.

I further acknowledge that I am signing this waiver voluntarily and with complete understanding of the terms and conditions herein.

\_\_\_\_\_  
Student-Athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student-Athlete Social Security Number

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian Print Name

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

**UNIVERSITY OF MARYLAND SPORTS MEDICINE DEPARTMENT**  
**Student-Athlete Try-Out Health History Questionnaire**

Student-Athlete Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Date of Birth \_\_\_\_\_

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1.  YES  NO Have you ever suffered a head injury / concussion and/or been knocked unconscious?
  2.  YES  NO Have you ever suffered a cervical spine / neck injury?
  3.  YES  NO Have you ever suffered a shoulder injury?
  4.  YES  NO Have you ever suffered an elbow / forearm injury?
  5.  YES  NO Have you ever suffered a wrist, hand, and/or finger injury?
  6.  YES  NO Have you ever suffered a spine, low back, and/or sacroiliac injury?
  7.  YES  NO Have you ever suffered a rib, thorax, and/or chest injury?
  8.  YES  NO Have you ever suffered a hip, groin, and/or thigh injury?
  9.  YES  NO Have you ever suffered a knee injury?
  10.  YES  NO Have you ever suffered an ankle, lower leg, and/or foot injury?
  11.  YES  NO Have you ever suffered a heat-related illness and/or received intravenous fluids (IV) for a heat-related problem?
  12.  YES  NO Have you ever been diagnosed with any allergies and/or ever had an unfavorable / allergic reaction to any medications, food items, and/or stings / bites?
  13.  YES  NO Have you ever been diagnosed with asthma and/or exercised induced asthma?
  14.  YES  NO Have you ever been diagnosed with diabetes?
  15.  YES  NO Have you ever had chest pain and/or unexplained shortness of breath during or after exercise / practice?
  16.  YES  NO Have you ever felt dizzy, lightheaded, and/or passed out during or after exercise / practice?
  17.  YES  NO Have you ever had the feeling of your heart racing or skipping beats during or after exercise / practice?
  18.  YES  NO Do you get tired more quickly than your teammates / friends do during exercise / practice?
  19.  YES  NO Have you ever been told that you have a heart murmur?
  20.  YES  NO Has any family member or relative died of heart problems and/or of sudden death before age 50?
  21.  YES  NO Has a physician ever denied or restricted your participation in sports due to any heart problems?
  22.  YES  NO Have you ever had an electrocardiogram (EKG) and/or echocardiogram (ECHO) of your heart?
  23.  YES  NO Do you cough, wheeze, or have trouble breathing during or after exercise / practice?
  24.  YES  NO Do you have only one of two paired, functioning organs (eyes, kidney, ovary, etc.)?
  25.  YES  NO Have you ever had seizures or convulsions?
  26.  YES  NO Do you or anyone in your family have sickle cell trait or disease?
  27.  YES  NO Have you had a viral infection (i.e. mononucleosis, myocarditis, etc.) within the past six (6) months?
  28.  YES  NO Have you ever been told by a physician to restrict your sports activity or not to participate in a sport?
  29.  YES  NO Are you aware of any reasons why you should not participate in intercollegiate athletics at the University of Maryland at this time?

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If you answered YES to any of the above questions and/or have any further information, which is knowledgeable to you and not required on this form, please explain in detail (use additional sheet(s) if necessary):

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I, the undersigned, hereby acknowledge, affirm, and represent that all above statements are true and accurate to the best of my knowledge; and that no answers or information have been withheld. If any information and/or statements are false and/or have been omitted in reference to my past and/or present medical history, I fully understand that the **University of Maryland**, its agents, servants, trustees, and employees disclaim liability, and will not be held liable for any injuries and/or illnesses not noted.

\_\_\_\_\_  
Student-Athlete Signature

\_\_\_\_\_  
Date