

ASSUMPTION OF RISK AND
HOLD HARMLESS AGREEMENT

I understand and accept that participation in competitive sports and related training requires a personal assumption of risk of injury/illness. In the event of an injury/illness during or related to training, traveling, participating, or a tryout for an intercollegiate athletic team at Northern Illinois University, I, _____, understand and accept the general and specific personal risks involved. I acknowledge that the University undertakes no legal or financial responsibility for me when I am trying out, traveling, training or participating in student activities during the course of university programs whether for academic credit or not. In the absence of gross negligence, I agree to assume all those risks in this activity that may cause me property damage or loss, personal or bodily injury, including death, medical costs and other consequential losses that may arise during my training, trying out, traveling, or participation in my sport: _____.

I agree that in the absence of gross negligence neither I, my parents or guardian, if applicable, nor my heirs or personal representative will hold the State of Illinois, Northern Illinois University, its Board of Trustees or any of its employees or agents legally or financially responsible for any injuries, losses, damages or expenses incurred from any injury/illness arising from my traveling, training, participating or trying out for my sport.

I have received a recent physical medical evaluation by a qualified physician to determine my ability to undertake the rigors of the physical activities associated with trying out for my sport. I declare and certify that to the best of my knowledge and belief I am physically fit, and have sufficiently trained for this athletic team try out. Based on these representations on which representatives of Northern Illinois University may legally and morally rely without qualification, I request permission to participate in the tryout for my sport: _____.

Please answer the following questions:

- | | | |
|--|------------|-----------|
| Have you ever passed out during or after exercise? | YES | NO |
| Have you ever had any chest pain during or after exercise? | YES | NO |
| Do you get tired more quickly than your friends do during exercise? | YES | NO |
| Have you ever become ill from exercising in the heat? | YES | NO |

Agreed by:

Student's Signature

Date

Agreed by:

Parent/Guardians Signature

Date

(Required if student is under 18 years of age)

Agreed by:

Other Parents Signature

Date

(Required if student is under 18 years of age)