TRYOUT WAIVER & AGREEMENT TO PARTICIPATE

I am aware that participating in intercollegiate athletics involves several inherent risks of physical injury, and I voluntarily assume all risks under the consideration of Butler University allowing me to try out for its intercollegiate athletic teams. During my tryout for the ___________________________ team, I agree to release and hold harmless Butler University and all of their duty authorized agents, servants, and employees, from any and all liability, claims and causes of action of whatever kind and nature, resulting from my participation in any way connected with the intercollegiate athletic program. Furthermore, I understand and accept that I am solely responsible for any medical bills resulting from any injury that may occur during the try out period for the ___________________________ team.

I am in good health, not pregnant, and able to participate in general physical activity. I hereby consent to first aid, emergency medical care and, if necessary, admission to a hospital for executing such care, for treatment of injuries that I may sustain while participating in any activity associated with Butler University intercollegiate athletics, including practices, games, and travel.

I understand that if I am selected as a member of the sports team I am trying out for, I will be required to undergo a comprehensive physical examination done by Butler University Sports Medicine team Physicians and fill out all required paperwork and provide proof of primary insurance.

Name of participant: ________________________________________ Date:_________

Signature:________________________________________________________