

University of Cincinnati  
Department of Athletics'  
One Day Tryout  
Medical Injury Release

NAME: \_\_\_\_\_  
Print Name

Social Security # \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

I, \_\_\_\_\_, wish to tryout for a position on the University of Cincinnati's  
\_\_\_\_\_ team.

I understand and assume the accompanying risk of physical injury or death from such athletic activity. I or my heirs, executors, administrators or assigns release the University of Cincinnati, its employees and representatives, from all claims or liability whatsoever for any injuries or death resulting from such athletic tryouts.

I have no knowledge of any physical impairment or disability that would be affected by or would affect my participation in the above tryout.

\_\_\_\_\_  
Athlete's Signature.

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date  
(If younger than 18 years of age)