

Injury Release

SINGLE DAY TRY OUT

University of Cincinnati
Department of Athletics

Name: _____
(Please Print)

SS#: _____ Date of Birth: _____

Have you had a physical recently? No: _____ Yes: _____ When: _____
(mm/dd/yy)

If yes, name of doctor: _____

Address: _____

I, _____, wish to tryout for a position on the University of
(print name)

Cincinnati's _____ team.
(name of sport)

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
(if younger than 18 yrs.)

Date