



TRYOUT WAIVER OF LIABILITY

This form must be completed by the appropriate athletic trainer prior to the student's tryout period.

Waiver and Release:

In consideration of being permitted to try out on a University of Iowa intercollegiate athletics team, I hereby assume the risks of personal injury that may result. I am knowledgeable about the sport, have previously participated in the sport, and am aware of the potential for injury while participating. I do hereby release and hold harmless the State of Iowa, the Iowa State Board of Regents, the University of Iowa, their officers, employees and agents, from all liability for personal injury or property damage which result from causes beyond the control of, and without the fault or negligence of the University of Iowa, its employees, agents or officers.

I have read and understand the above waiver.

Signature of Prospective Student-Athlete

Address

Date

Phone

ATHLETIC TRAINER

The Sports Medicine Staff has approved this student for a tryout based on the following:

SPORT: (Choose Sport)

Medical History Questionnaire and Tryout Waiver of Liability

OR

Physical Exam by a Physician

Signature of Athletic Trainer

Date

Medical Notes:

Return to David Aspelmeier, Compliance Office, 301 CHA