

Ave Maria University
Department of Sports Medicine
Medical Release/Tryout Waiver

Name: _____

Social Security Number: _____ Date of Birth: _____

I, _____, wish to tryout for a position on the Ave Maria University _____ team.

I understand and am fully aware of all risks of injury or death, from such athletic participation. I, as well as my heirs, executors, administrators, etc, release in full Ave Maria University, including its employees, and representatives, from all claims or liability whatsoever for any injuries including death from such athletic activity.

I have no knowledge of physical impairment, disability or disease that would affect my ability to participate in the above sport tryout.

Athlete's Signature _____ Date: _____

Parent/Guardian _____ Date: _____

(If younger than 18 years of age)