ACKNOWLEDGEMENT, WAIVER AND RELEASE OF LIABILITY
(INCLUDING INDEMNITY)

FOR CHEER and DANCE TRY-OUTS

THIS AFFECTS YOUR LEGAL RIGHTS
PLEASE READ CAREFULLY BEFORE SIGNING

I, ________________________________, fully understand and appreciate the physical risks to me while engaging in athletic try-outs for the sport of ___________________________. Those risks include, but are not limited to physical injuries that occur in connection with practice, weight/ strength training, conditioning, open gym, and open/ players practice.

I also understand that it is my responsibility to have on file with the Sports Medicine staff in the Radford University Sports Medicine Department the following items before I am allowed to participate in a try-out activity.

• Signed Try out Waiver
• Copy of the front and Back of Health Insurance Card

I certify that I am in good physical health, that I am physically able to perform all athletic activities associated with the try-out, and that I have no known physical conditions which could be worsened or aggravated by my participation, except as follows:

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________

I understand that the Radford University Sports Medicine staff has the right to deny my participation in this try-out due to a medical condition found or detailed in my physical. Pre-existing medical conditions may have to be corrected prior to participation in the try-out. I understand that all costs associated with any tests, consultations and medical procedures associated with seeking approval for participation in the try-out are my responsibility or the responsibility of my parent(s)/legal guardian(s). I understand that by signing below, I am acknowledging that neither the University nor its insurance carriers will provide insurance coverage to me for any loss or damage whatsoever that I sustain occurring in connection with athletic try-outs.

In consideration of the Radford University Athletic Department permitting me to participate in the athletic tryouts for the sport of ___________________________ team/program and by signing below, I, for myself, my parents, children, heirs, beneficiaries, personal
representatives and assigns and for all persons and entities having any claim arising through me, do hereby waive, release, and discharge Radford University and the Commonwealth of Virginia, their officers, agents, representatives and employees (collectively, “Released Entities”) from and against any and all liability, claim or action whatsoever arising out of or related to any injury (including death), loss or damage that I may sustain in any way connected with my participation in the athletic try-outs for the sport of ________________________________, including, but not limited to practice, weight/strength training, conditioning, open gym, and open/players practice and whether or not caused by the negligence of any of the Released Parties.

I agree not to sue Released Entities for any such injury (including death), loss or damage, and I also agree to indemnify and hold Released Entities harmless from any such injury (including death), loss or damage, including court costs and attorneys’ fees.

I am either eighteen (18) years of age or older or my parents or legal guardians have joined me in signing this instrument.

Signee:

________________________________   ______________________
Signature       Date

________________________________
Printed Name

Parents/ Legal Guardians (if signee is under 18):

________________________________   ______________________
Signature       Date

________________________________
Printed Name

________________________________   ______________________
Signature       Date

________________________________
Printed Name