

GRAND RAPIDS COMMUNITY COLLEGE

Athletics Try-out Waiver

Name _____

Date of Birth _____

1. Have you had any prior limitations placed on your sports participation ? Yes No
2. Do you have any medical condition such as:
a) Cardiac History _____
b) Asthma Condition _____ c) List Other _____
3. Have you had any surgery within the past calendar year? Yes No

I understand that my participation in this try-out involves the risk of injury to myself, and that no amount of precaution by Grand Rapids Community College can eliminate such risk. Because of this, and in consideration of Grand Rapids Community College's willingness to allow me to participate in these try-outs, I agree to the following:

1. I will participate in these try-outs in a careful and prudent manner and will attempt whenever possible to minimize the risk of injury to myself and to others.
2. I hereby release Grand Rapids Community College, its agents, officers and employees from liability for any injury to myself or my property suffered at, or arising out of, these try-outs. I give this waiver and release intending to legally bind myself and my heirs, representatives, successors and assigns.
3. If, during the course of my participation at these try-outs, or otherwise, I notice any situation which I believe causes a significant risk or injury to myself or others, I will promptly notify the coach or other member of the staff who is in charge of these try-outs.

**I have carefully read this release and waiver of liability.
I understand its terms and I have signed voluntarily.**

Date _____
Signature of Student

We agree to the terms of this release.

Date _____
**Signature of parent/guardian required if the party signing the waiver
Is under 18 years of age.**