

**University of Alaska Anchorage
Assumption of Risk, Release & Liability
For Prospective Student-Athlete Tryout**

Name: _____ **Date of Birth:** _____
Sport: _____

Students wishing to participate in a tryout for an intercollegiate team at UAA agree to, acknowledge, and understand the following conditions:

- I agree to share responsibility for my personal safety and agree not to endanger others who are participating in athletic programs.
- I agree to use personal protective equipment required by rule or directive from UAA sports medicine staff.
- I agree to immediately report all defective equipment and/or unsafe acts and dangerous conditions to coaches or persons in charge. I also agree that I will not continue to participate until I feel conditions are safe.
- I acknowledge that I have the physical capacity necessary to engage in the athletic program and have truthfully disclosed all medical information on my medical history form.
- I understand that neither the protective gear, safety rules and procedures of the sport, the coaching instruction I receive, nor the sports medicine care I am provided will guarantee my safety or prevent all injuries I might sustain.
- I understand that there are risks involved in participating in a tryout and that these risks include a full range of injuries from minor to severe.
- I give permission to the UAA Sports Medicine staff to hospitalize and/or obtain treatment for any injury occurring during the tryout. If the prospect is under the age of 18, the undersigned parent grants permission to secure such treatment.
- I understand that I am personally responsible for any medical bills that may be incurred if I should sustain an injury during the tryout.

I voluntarily agree to accept associated risks as a condition of my participation in the tryout and hereby release UAA, the Department of Athletics, and Athletic Staff, from any and all liability claims, costs, expenses or losses resulting from an injury that I may incur as a part of the tryout or from my transportation to and from the University of Alaska Anchorage.

Further, I hereby assume the risk and financial responsibility for any and all injuries, even those that are life threatening, that occur as a result of an intercollegiate try-out at UAA.

PSA Name (print) Signature Date Age

Emergency Contact Person Relationship Phone Number

Parent's Signature required if prospect is under 18 years of age