



University of Tennessee Try-Out Waiver and Physician Clearance Waiver

Assumption of Risk, Release of Claims, and Hold Harmless Agreement

I UNDERSTAND THE INHERENT RISKS of participating in an intercollegiate sport try-out may result in serious injury, disability, or serious impairment of future ability to earn a living, and general decreased quality of life. In consideration for allowing me to try-out for intercollegiate athletics, I hereby assume all risks, physically, emotionally, financially and legally associated with the sport and, in consideration for The University of Tennessee allowing me to try out for intercollegiate athletics, agree to release, waive, discharge, and covenant not to sue, and agree to hold harmless for any and all purposes, the University of Tennessee Board of Trustees, the University of Tennessee Department of Athletics and their officers, employees, and agents, from any and all liability, causes of action, claims, or demands of any nature that may arise in connection with my participation in any athletics-related activities. The terms of this release serve as an assumption of risk and waiver for my heirs, estate, and for all members of my family.

Medical Consent

I HEREBY AUTHORIZE the sports medicine staff at the University of Tennessee, who are under the direction and guidance of the University of Tennessee Team Physicians, to render any preventive, first aid, rehabilitative or emergent treatment that they deem reasonably necessary to maintain my health and well-being as a student athlete. Also, when necessary for executing such case, I grant permission for hospitalization at an accredited hospital. I understand and accept that the University of Tennessee Athletic Training Department or its agents may terminate my participation in try-outs at any time for any reason.

I HAVE NO KNOWN physical/medical condition(s) that limit my ability to safely participate in tryouts for intercollegiate athletics. I certify that I am not currently using, nor have I used, any substances banned by the NCAA.

I, _____, HAVE READ AND AGREE to the above statements. I also understand and agree that, if accepted to the team after try-out, I must complete a comprehensive physical exam with the Men's Athletic Department Team Physician. I understand and agree that I must be cleared by the Team Physician before I will be allowed to workout, practice, or compete with the team. I understand and agree that I am financially responsible for all medical costs associated with illnesses or injuries that occur prior to or during the try-out period through the date of the comprehensive physical exam with the Men's Athletic Department Team Physician.

Signature of Student-Athlete

Date

Signature of Parent/Legal Guardian(if athlete is under 18)

Date

Sickle Cell Trait (Please initial one of the following)

_____ I have attached a copy of my medical records which indicate my sickle cell trait status.

_____ I do not have records indicating my sickle cell trait status. I agree to hold the University of Tennessee, the UT Athletic Department, its employees, and consulting physicians harmless in the event that my participation in a tryout period should cause me to experience a sickle cell trait related event.

To Be Completed by a Licensed Physician

I HEREBY CERTIFY that _____ has recently had a physical examination that I conducted, and that I found him/her to be fit for athletic participation. I certify that he/she is not currently under my care for any injuries/illnesses/diseases that pose a health risk to himself/herself, nor to other participants.

Signature of Physician (INK ONLY, NO STAMP)

Date

Name and Address of Physician

Physicians' Office Phone Number