



Longwood University Athletics Try Out Waiver

By reading and signing this waiver, I _____ attest that “I have had a physical examination in the past year and have been cleared to participate in any and all activities by a physician. I have no physical disabilities or injuries, and I am able to participate in this try out practice at Longwood University. I am aware of the inherent risks associated with participating in this type of activity, and that participation in such an activity may bring about minor injury, serious injury or DEATH.”

By signing this waiver, “I agree not to hold any member of Longwood University administration, coaching staff or athletic training staff responsible for any injury or treatment of said injury. I am also aware and agree to the stipulation that I participate at my own risk and will be responsible for and medical expenses incurred from participating.”

By signing this waiver, “I understand that a try out period with any sports team may last no longer than three days. I understand that if I am retained on any given team’s roster after a maximum three day try out period, I will be required to have a complete per-participation physical examination performed by a physician at my own expense, and I will be required to complete all other forms required by the Longwood University athletic training department. **I understand that the pre-participation physical examination and all required athletic training department forms must be completed and returned to the Longwood University Athletic Training department before I will be cleared to participate in any sport beyond the three day try out period.**”

Print name: _____ Sport: _____

Signature: _____ Date: _____

NOTE: 2 copies are needed. One copy is to be brought the athletic trainers and other copy goes to the coach to submit to the compliance officer