



## WAIVER AND RELEASE FOR TRYOUT

**PSA: This form must be completed prior to a tryout**  
**Coach: Prior to conducting the tryout, submit this form to the Compliance Office along with a copy of the PSA's insurance and proof of a medical exam that occurred no later than six months prior to participation and Sickle Cell test results or signed waiver. Approval of the tryout must be received prior to conducting the tryout with this PSA.**

<b>Name of Prospect:</b>	<b>Sport:</b>	<b>Date of Tryout:</b>
<b>Type of Prospect:</b> <input type="checkbox"/> High School	<input type="checkbox"/> Two Year College	<input type="checkbox"/> Four Year College
<b>Name of prospect's current institution:</b>		
<b>Release form received for transfer?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>Season of the prospects sport at his/her current Institution:</b> <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring		
<b>Is the prospect's eligibility exhausted at his/her current Institution?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>Tryout Date:</b> _____ <b>Tryout Start Time:</b> _____ <b>Tryout End Time:</b> _____		

***Attach proof of a medical exam that has occurred no longer than six months prior to the tryout***

	YES	NO	Signature	Date
<b>Is this prospect approved for a tryout?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Compliance Officer</b>	
<b>Is this prospect approved for a tryout?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Head Athletic Trainer</b>	

I, on behalf of myself, my personal representatives, heirs, executors, administrators, agents and assigns, agree to release, waive, discharge and not hold Union University, its trustees, coaches, athletic trainers, agents, volunteers and students liable against all loss, injury, including death, damage and expenses including attorney's fees incurred by Union University on account of any injury, death of the undersigned participant or loss to property in any connection with or arising out of the tryout.

I hereby authorize the staff and/or medical consultants of Union University to act for me accordingly to their best judgment in any emergency requiring medical attention and I hereby waive and release Union University from any liability for injuries or illnesses incurred while participating in a tryout. I also understand that the Union University athletic training staff and/or team physicians can eliminate me from the tryout because of an injury and/or because of undue risk to Union University.

I understand that I am participating in a tryout, that I am in good health and that I have no knowledge of any medical conditions or physical impairments that would be affected by my participation in the tryout. I further understand that if I do not have a current medical exam, that I must undergo a physical examination and provide proof of insurance. I fully understand the provisions of the Waiver and Release and state that the Waiver and Release was signed voluntarily.

<b>Name (Please Print):</b>	<b>Sport:</b>	<b>Date:</b>
<b>Signature of Prospect:</b>		
<b>Signature of Parent/Guardian (if under 18 years old):</b>		



**UNION UNIVERSITY ATHLETIC TRAINING DEPARTMENT**  
**Sickle Cell Trait Testing Waiver**

I, \_\_\_\_\_ hereby agree as follows:  
 Student-Athlete Name (Printed)

**Initial in the blanks below:**

\_\_\_\_\_ I understand and acknowledge that the NCAA and the Union University Athletic Training Department mandate that all student-athletes have knowledge of their sickle cell trait status and be provided an opportunity for testing. I understand that Union University has offered to perform this test at no cost to me. Additionally, I have read and fully understand the aforementioned facts about sickle cell trait and sickle cell trait testing and understand that information is available at the site:

<http://www.ncaa.org/wps/wcm/connect/public/NCAA/Health+and+Safety/Sickle+Cell/>

\_\_\_\_\_ I understand that sickle cell trait does not prohibit me from participating in intercollegiate athletics. I recognize that ascertaining my true physical condition is dependent upon an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries, ailments, and/or disabilities experienced. I hereby affirm that I have fully disclosed, in writing, any prior medical history and including any knowledge of sickle cell trait status to the Union University Athletic Training staff and medical staff personnel.

\_\_\_\_\_ I do not wish to undergo sickle cell trait testing as part of my pre-participation physical examination. To the maximum extent permitted by law, I release, forever discharge, indemnify and hold harmless Union University, its Athletic Training Department, Team Physicians, Board of Trustees, its officers, employees and agents from any and all costs, liabilities, expenses, claims, damages, actions or causes of action whatsoever arising out or related to any loss, personal injury, damage or property loss related to my waiver of this recommended testing.

\_\_\_\_\_ I am fully aware of the risks and hazards associated with refusing this testing. This is binding on me, my heirs, assigns and personal representatives. I acknowledge that I am 21 years of age or older, or, if I am not, my parent or guardian has also signed this waiver.

\_\_\_\_\_ I have carefully read this document before signing it. My participation in intercollegiate athletics at Union University is voluntary and prior to choosing to sign this waiver, I had an opportunity to consult with my parent/guardian, and/or an attorney or counsel of my choice. I further state that I am at least 21 years of age, or if not, my parent/guardian has also signed, and of sound mind.

I understand that the NCAA and Union University Athletic Training Department recommended that I undergo Sickle cell trait testing.

**Student-Athlete signature:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Sport(s) participating in: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**Parent/Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(if student-athlete is under 21 years old)

**Parent/Guardian printed name:** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness printed name:** \_\_\_\_\_