



## WAIVER FOR ATHLETIC TRYOUT

Each student who wishes to participate in an athletic tryout at the Eastern Illinois University is required to complete the information and liability waiver as stated below. Please read the form thoroughly before signing. Each participant must also attach proof of full-time enrollment, a copy of his or her insurance card, EIU Health Services Medical Exam within the last 12 months, Sickle Cell Trait Test Results and their NCAA Eligibility Center ID to this waiver in order to engage in tryouts.

### PART I: To be completed by the participant

Name of sport:	Date(s) of Tryout:	
Participant's Name (please print):	E Number:	Participant's Date of Birth

Are you aware of any preexisting medical conditions that in which the sport you are trying out for would cause potential medical risk or condition? ☐ Yes ☐ No

Do you recognize and accept the risks that are associated with the sport you are trying out for and any medical complications that could arise due to the involvement of bodily contact, physical stress and potential injury? ☐ Yes ☐ No

Do you authorize the sports medicine staff, team physicians, and coaching staff of the Eastern Illinois University to secure any and all emergency medical treatment which may be deemed necessary? ☐ Yes ☐ No

Do you certify that you have primary insurance for medical coverage and release the Eastern Illinois University and its athletic department of any financial obligation for any medical bills incurred as a result of injury during this tryout period? ☐ Yes ☐ No

Do you understand that you are not entitled to any facilities or services of the athletic training room during this period except for emergency care? ☐ Yes ☐ No

*I, the undersigned, have read and understand this acceptance of risk liability waiver and agree to follow any advice and procedures set forth. I also hereby release the Eastern Illinois University, its agents and employees from any liability caused by, or rising out of, participation in the Eastern Illinois University's Athletic Tryouts unless solely and directly caused by negligence of University agents or employees. I understand that my participation in this athletic tryout is of my own choice and that I am physically able to participate in this tryout. I verify that I am a currently enrolled, full-time student at the Eastern Illinois University. I am not aware of any reasons that could render me ineligible for intercollegiate competition. I also understand that the available roster spots on the Eastern Illinois athletic teams are limited and that even with a successful tryout I am not guaranteed a roster spot on the any of the athletic teams.*

THIS IS A RELEASE OF LEGAL RIGHTS. READ CAREFULLY BEFORE SIGNING:

Participant's Signature:	Date:
--------------------------	-------

### PART II: To be completed by the athletic training and coaching staff members

*The above named participant has submitted all necessary documents and paperwork and is eligible to engage in the athletic tryout on the specified date above.*

Signature of athletic trainer:	Date:
Signature of head coach:	Date: