



Athletic Try-out/Alumni Acknowledgement Form

1. I, the undersigned, acknowledge my participation in practice and activities associated with Southwestern College during a try-out/alumni event is voluntary. I hereby acknowledge and am aware of the risks associated with traveling to/from and participating in any athletic activity involves an inherent risk of physical injury. I acknowledge in executing this release, I have taken into consideration not only the known risks associated with this try-out/alumni event, but also the possibility that there may be unknown risks so that consequences or occurrences that I do not now anticipate may arise from my participation in this try-out/alumni event.
2. I understand and accept that activities involved in my try-out/alumni event may result in various injury, including but not limited to: sprains/strains, fractured bones, head/neck injuries, unconsciousness, and loss of eye sight, paralysis, communicable diseases, and even death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the try-out location(s). Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this try-out/alumni event, including travel to, from and during the activity. I understand that the dangers and risks of playing or practicing may result not only in injury, but in serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.
3. I understand that having passed a physical examination does not necessarily mean that I am physically qualified to engage in athletics, but only that the examiner did not find a medical reason to disqualify me. I do not have any medical, emotional condition, or chemical dependency that would endanger my health and well-being by engaging in strenuous activity.
4. I certify that I have primary medical insurance and I release Southwestern College and its athletic department of any financial obligation for any medical bills incurred as a result of injury during this try-out/alumni event.
5. I understand that I am not entitled to facilities or services of the sports medicine staff during this try-out/alumni event except for emergency care.
6. In the event that I sustain an injury while participating in this athletic try-out/alumni event sponsored by Southwestern College, I hereby authorize any emergency first aid, medication, medical treatment or surgery deemed necessary by medical personnel. I also give permission for attending medical personnel to execute on my behalf, my permission forms, or other necessary medical documents and to act on my behalf if I am not immediately available to do so. I give the sports medicine staff and all consulting physicians my permission to exchange, written or orally, any information concerning my injury, with others. If the athlete is under 18 years of age, the undersigned parent/guardian grants permission to the sports medicine staff to hospitalize and secure treatment for their son or daughter for any athletic injury.

Printed Name of Try-out/Alumni Student-Athlete: _____ Age: _____

Sport: _____

Signature of Try-out/Alumni Student-Athlete: _____ Date: _____

If a minor, please fill out

Printed Name of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Parent/Guardian Phone #: _____

(Revised July 2020)