

BOWLING GREEN STATE UNIVERSITY
Team Walk-On Tryout
LIABILITY RELEASE AND EMERGENCY MEDICAL AUTHORIZATION



1. I desire to participate in the BGSU Team Tryouts for the following _____ ("Sport"), to be held during the time frame _____ ("Date of Tryout") for the year specified in my dated signature below. I fully understand and appreciate the dangers, hazards, and risks inherent in the Activity and in the strenuous physical strain that such Activity may place on my body. These dangers, hazards, and risks can result in injury including, but not limited to, temporary or permanent impairment to my body, general health, and/or well being, and could result in death.
2. Knowing the dangers, hazards, and risks associated with the Activity, and in consideration of being permitted to participate in the Activity, on behalf of myself, my family, heirs, personal representative(s), and anyone else claiming by, through or under me, I agree to assume all the risks and responsibilities surrounding my participation in the Activity and any preparatory or supplementary physical effort related to the Activity. I covenant not to sue and I hereby fully release, waive, promise not to sue and forever discharging the State of Ohio, Bowling Green State University, and its Trustees, officers, agents, employees and students acting as employees (collectively "Releasees") for, from and against any and all liability for any harm, injury, damage, claim, demand, action, cause of action, cost, and expense of any nature that I may have or that may hereafter accrue to me or my estate including, but not limited to, pain, suffering and death arising from the Activity or anything associated therewith, whether caused by the negligence or carelessness of the Releasees, or otherwise.
3. I hereby grant Releasees permission to authorize emergency medical treatment by any member of the BGSU Sports medicine Staff on my behalf, if necessary, and I agree that such action by Releasees shall be subject to the terms of this Agreement. I understand and agree that Releasees assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment. If I am injured during the Activity or any preparatory or supplementary physical effort related to the Activity, I understand that I shall be solely responsible for all care and for all follow-up care and all medical costs associated with such care.
4. It is my express intent that this Release and hold harmless agreement shall bind myself, the members of my family and spouse, if I am alive, and my estate, family, heirs, administrators, personal representatives, or assigns, if I am deceased, and shall be deemed as a "Release, Waiver, Discharge and Covenant" not to sue the Releasees.
5. In signing this Release, I acknowledge and represent that I have carefully read this Agreement and understand its contents and that I sign this document as my own free act and deed. I further state that I am at least eighteen (18) years of age and fully competent to sign this Agreement; and that I execute this Release for full, adequate, and complete consideration fully intending to be bound by the same. I further state that there are no health-related reasons or problems which preclude or restrict my participation in the Activity, and that I have adequate health insurance necessary to provide for and pay any medical costs that may be attendant as a result of injury to me. I recognize that the University is not obligated to provide for any of my medical or medication needs or insurance and that I assume all risk, responsibility for those needs, and acknowledge that my participation is voluntary.
6. I further agree that this Release shall be construed in accordance with the laws of the State of Ohio. If any term or provision of this Release shall be held illegal, unenforceable, or in conflict with any law governing this Release the validity of the remaining portions shall not be affected thereby.

By signing below I also agree to comply with the Bowling Green State University's Code of Student Conduct and other University regulations regarding conduct, comportment, and academic integrity during my participation in the Activity. I understand that the University has the right to enforce such standards of conduct and that I may be dismissed from the Activity at any time for failing to abide by such standards.

**THIS IS A LEGAL AGREEMENT AND INCLUDES A RELEASE OF LEGAL RIGHTS.
READ AND BE CERTAIN YOU UNDERSTAND IT BEFORE SIGNING.**

**I wish to have an Attorney review this document prior to signing _____ (Initial)*

Signature: _____ Date: _____

Print Name: _____ Address: _____

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If under 18, this form must ALSO be signed by a parent or guardian before student can participate.

Signature: _____ Date: _____

Print Name: _____

Parent or Guardian

(This Document must be stored by Bowling Green State university for a minimum of 5 years)