

Sport \_\_\_\_\_

**GateWay Community College  
Walk-on Tryouts/Evaluations**

RELEASE FOR PERSONAL INJURY AND DAMAGE

All physical activity has risks that may range from a fall, to muscle and ligament damage, to circulatory or heart disorders. Consequently you must make sure that your health is adequate to participate in the strenuous, vigorous physical activity involved in athletic tryouts. It is your responsibility to check with the physician of your choice about your health status and if there is any question regarding your fitness for participation. If you, at any time during your participation, experience any distress or have any questions regarding your participation, notify your coach or athletic trainer. GateWay Community College provides no student accident insurance or athletic accident insurance for tryouts. You must provide your own coverage.

WHEREAS the undersigned voluntarily desires to participate in a GateWay Community College athletic walk-on tryout/evaluation; and

WHEREAS the undersigned is duly aware of the risks and hazards that may arise through participation in said activity and that participation in said activity may result in loss of life, limb, property, or all three, of the undersigned.

THEREFORE, it is agreed as follows:

THAT in consideration of being allowed to participate in said activity, the undersigned hereby voluntarily assumes all risks and accident or damage to his/her person or property and all risks of liability or demands of any kind sustained, whether caused by the negligence of GateWay Community College agents or employees, or otherwise; and

THE undersigned further voluntarily agrees that the above release shall be binding upon their heirs, administrators, executors, and assigns, of the undersigned; and

THE undersigned hereby affirms having accident insurance coverage and having adequate health status to participate in strenuous physical activity. The undersigned further acknowledges that the undersigned has the right to refuse to attempt, or to withdraw from the physical activity for any reason. The undersigned accepts the responsibility to report any injury, distress, preexisting condition that may impair performance, or other problems to the coach or athletic trainer.

THE undersigned, by signing this release, hereby certifies that the undersigned has read and fully understands and agrees with the conditions herein provided.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Print)

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

Parent's Signature (if under 18 years of age): \_\_\_\_\_

**Assumption of Risk and Release of Liability**

I \_\_\_\_\_, freely choose to participate in the athletic program (henceforth referred to as the "Program") at GateWay Community College. In consideration of my participation in this program, I agree as follows:

**RISKS INVOLVED IN PROGRAM:** Participation in all sports requires an acceptance of risk of injury, such as pre-season physical examinations, proper facilities maintenance, and instruction of correct sports technique, we attempt to provide a safe, competitive environment for all student athletes. In addition we have team physicians, (general practitioner and orthopedic specialist) and certified athletic trainers to assist you with injury prevention and treatment.

In spite of these efforts, injuries do occur. Athletic competition, by its very nature results in numerous uncontrollable situations where injuries cannot be avoided. As an athletic participant, there is always the possibility that you may sustain an injury. The injury may range from a minor one to one of great severity and which could result in deformity, paralysis, or even death.

**HEALTH AND SAFETY:** I have been advised to consult with a medical doctor with regard to my personal medical needs. I state that there are no health-related reasons or problems that preclude or restrict my participation in this Program. I have obtained the required immunizations, if any.

I recognize that GateWay Community College is not obligated to attend to any of my medical or medications needs, and I assume all risk and responsibility therefore. In case of a medical emergency occurring during my participation in this Program, I authorize in advance the representative of Gateway Community College to secure whatever treatment is necessary, including the administration of an anesthetic and surgery. GateWay Community College may (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding my health and safety. Such actions do not create a special relationship between the Maricopa County Community College District (MCCCD) and me. I release the MCCCD, its officers, officials, employees, volunteers, students, agents and assigns from all liability for any bodily injury or damage I sustain as a result of any medical care that I receive resulting from my participation in Program, as well as any medical treatment decision or recommendation made by an employee or agent of the MCCCD. I agree to pay all expenses relating thereto and release GateWay Community College from any liability for any actions.

**ASSUMPTION OF RISK AND RELEASE OF LIABILITY:** Knowing the risks described above, and n voluntary consideration of being permitted to participate in the Program, I agree to release, indemnify, and defend GateWay Community College and their officials, officers, employees, agents, volunteers, sponsors, and students from and against any claim which I, the participant, my parents or legal guardian or any other person may have for any loses, damages or injuries arising out of or in connection with my participation in this Program.

**SIGNATURE:** I indicate that by my signature below that I have read the terms and conditions of participation and agree to abide by them. I have carefully read this Release Form and acknowledge that I understand it. No representation, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. This Release Form shall be governed by the laws of the State of Arizona which shall be the forum for any lawsuits filed under or incident to this Release Form of to the Program. If any portion of this Release Form is held invalid, the rest of the document shall continue in full force and effect.

\_\_\_\_\_  
Signature of Student (or Parent/Guardian if under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print or Type Full Name