



# THE OHIO STATE UNIVERSITY ATHLETIC DEPARTMENT

## Release of Claims – TRY-OUT

### RELEASE OF CLAIMS

I am currently a student at The Ohio State University. The Ohio State University's Department of Athletics has agreed to allow me to use the University's athletic facilities during my tryout with the team. I recognize that by practicing skills with the selected team, I risk sustaining personal injury.

I recognize that The Ohio State University is not and cannot be aware of my existing or potential physical problems at this time. I further recognize that the University has advised me to have a physical examination before team workouts. I hereby represent that I am in physical condition, which allows me to participate in the tryouts for the above named team without any unreasonable risk of harm to others or myself.

In consideration for being granted the right to use the University's athletic facilities, I, for myself, my executors, administrators, and assigns, do hereby release and forever discharge The Ohio State University and its Board of Trustees, its administrators, faculty members, employees, agents and students from all liability for losses, damages, injuries or costs, including but not limited to those described above, that may arise out of or that may in any way be related to such participation, whether caused by the negligence of The Ohio State University or otherwise. I understand that this Release means that, among other things, I am giving up my right to sue The Ohio State University for any such losses, damages, injury or costs that I may incur.

I hereby attest and verify that I have full knowledge of the risks involved in this activity, that I assume any expenses I may incur in the event of an accident, illness or other incapacity, regardless of whether I have authorized such expenses.

I further agree to acquire or maintain in force a policy or policies of health and accident insurance during the period of my participation in the team practices and workouts. Such insurance shall be through an insurance company authorized and licensed to do business in the State of Ohio.

As a participant of this activity, I also hereby agree that I must comply with University rules and regulations.

**I represent and certify that my true age is 18 years or older or, if I am under 18 years old on this date, that my parent or legal guardian has signed the Agreement to Release and Indemnify the University form.**

I have read this entire Release. I fully understand it, and agree to be legally bound by it.

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Participants Signature

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Date (month/day/year)

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Participant Print Name

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Dates of Try-Out (not to exceed three (3) days)

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Sport

**In case of emergency please contact:**

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Emergency Contact (in USA)

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Relationship

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Phone Number