



**NSU ATHLETIC TRAINING/SPORTS MEDICINE  
PROSPECTIVE STUDENT-ATHLETE/TRY-OUT  
RELEASE OF LIABILITY & ASSUMPTION OF RISKS**



For and in consideration of being allowed to participate in the \_\_\_\_\_ on the date \_\_\_\_\_ and in full recognition and appreciation of the dangers and hazards in the activity, I do hereby agree to assume all known and unknown risks in connection therewith. Further, I do hereby release and discharge Nova Southeastern University, Inc. (the "University"), its trustees, officers, agents, and employees (collectively the "Releases") from any liability or responsibility from any cause whatsoever (including without limitation, the negligence of any of the Releases), for death or injury to my person or damage or loss to my property that I may sustain or suffer resulting from or in any manner connected with my participation in the \_\_\_\_\_ on the date \_\_\_\_\_.

I acknowledge that my participation in the \_\_\_\_\_ on the date \_\_\_\_\_ is purely voluntary and is no way mandated by the University. I further acknowledge that the University does not carry any medical insurance that would cover any medical bills for injuries or illnesses I may suffer resulting from my participation. Consequently, I agree that I will be fully responsible to pay any such bills.

I hereby certify that I have no health problem or limitations (physical, mental, or other), which would preclude my safe participation.

I agree that if any portion of this document is held to be invalid or unenforceable by a court of competent jurisdiction, then the remaining portion shall nevertheless continue in full force and effect.

**I HAVE READ THIS DOCUMENT CAREFULLY, FULLY UNDERSTAND ITS CONTENTS, AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF LIABILITY TO THE FULLEST EXTENT PERMITTED BY LAW.**

\_\_\_\_\_  
Participant (prospective student-athlete) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant (prospective student-athlete) Print Name

\_\_\_\_\_  
Parent and/or Legal Guardian's Signature (if participant is under 18 years of age)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Coach Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Athletic Trainer Signature

\_\_\_\_\_  
Date