



OLIVET NAZARENE UNIVERSITY
ATHLETIC TEAM TRY-OUT
WAIVER FORM

I, _____, wish to try out for a position on an Olivet Nazarene University Intercollegiate Athletic Team. I understand and assume the accompanying risk of physical injury or death for such athletic activity. I, or my heirs release Olivet Nazarene University, its employees, representatives, from all claims or liability whatsoever for injury, illnesses, or death resulting from such athletic tryouts. I have no knowledge of any physical impairments or disability that would be affected by my participation in the above tryout.

I am aware that I will not receive secondary athletic insurance coverage until I become a permanent/ official member of the athletic team I am trying out for. At that time I must provide proper documentation of current physical, insurance card, and required medical forms/releases before I can begin practices as a member of the athletic team I am on.

SIGNED _____ DATE _____

Participant Date of Birth: _____

Address _____

Phone Number _____

SIGNED _____ DATE _____

Parent or Legal Guardian
(if participant is under 18)