

New student-athletes participating in walk-on tryouts must show documentation of a pre-participation physical that has been conducted by a physician within the past six months and **present proof of primary insurance**. These athletes must also sign a Medical Release Form and an Emergency Medical Treatment Authorization Form prior to participation. Once the student-athlete has been placed on the official team roster, a physical will be scheduled with the Flagler College team physician.

Flagler College Medical Release Form

In Consideration of being permitted to participate in Flagler College's tryout for a intercollegiate program, I,

(print name)

on behalf of myself, my personal representatives, assigns, heirs and next of kin, hereby release, discharge, and covenant not to sue, indemnify, and hold harmless Flagler College, its agents, officers, employees and their authorized representatives ("the Releasees"), from and for an claims for bodily injury or death arising out of or in connection with my participation in the tryout, including, but not limited to, claims of negligence, strict liability, breach of warranty, and breach of contract.

I am aware of the risks inherent in the tryout, including, but not limited to, the potential for injuries from running, jumping, sliding, falling, use of equipment, and contact from other players. I hereby acknowledge and assume full responsibility for, and risk of, my bodily injury or death arising out of or in connection with my participation in the program, regardless of whether such injury or death should be caused wholly or in part by negligence or through wrongful act or omission of any releases.

I acknowledge in executing this release, I have taken into consideration not only the known risks associated with this tryout, but also the possibility that there may be unknown risks so that consequences or occurrences that I do not now anticipate may arise from my participation in this tryout. I hereby acknowledge and understand that I will participate in this tryout prior to receiving a physical from the college Doctor.

I acknowledge that, under exclusion No. 12 in the Flagler College Student Accident and Sickness Insurance Plan, I am not covered for "injury sustained while participating in this practice/tryout."

I have read and voluntarily signed this release, covenant not to sue, and indemnify agreement and further agree that no oral representation, statement or inducement apart from those contained in the agreement have been made.

Parent or Guardian Signature:
(If Student-Athlete is Under 18)

Signature:

Print your Name:

Witness:

Date:

Flagler College Athletic Training

Emergency Medical Treatment

Authorization Form

Student-Athlete Over 18 years Old:

I, _____, do hereby authorize the Athletic Training Staff and/or Coaching Staff of the Flagler College Athletic Department to secure any and all emergency medical treatment for myself in the event that I am incapacitated.

I further authorize any hospital or dispensary, and attending physician, and/or medical personnel to render any and all emergency care which may be deemed necessary.

It is understood that in any event, an attempt will be made to contact my emergency contact before treatment is initiated.

Student-Athlete Under 18 years Old:

I, the undersigned parent or legal guardian of _____ do hereby authorize the Athletic Training Staff and/or Coaching Staff of Flagler College to secure any and all emergency medical treatment for my student-athlete in the event that I cannot be contacted.

Verification

I, _____, of lawful age and being duly sworn on his/her oath states as follows:

I have read the above and foregoing Emergency Medical Treatment Authorization and understand the statements therein, that I authorize the Flagler College Athletic Training and/or Coaching Staff to secure any and all emergency medical treatment and I authorize any hospital and/or attending medical personnel to render emergency medical treatment for my son/daughter or for myself.

Student-Athlete Signature (if 18 or Over)

____/____/____
Date

Parent or Guardian Signature (If Student-Athlete is Under 18)

____/____/____
Date