

Insurance Authorization and Release of Liability Form for Student Athletes Trying Out for Athletic Teams

Creighton University students wishing to try out for athletic team under the auspices of the Department so Intercollegiate Athletics for Men and Women on the Creighton University campus can do so only if they (1) show proof of insurance coverage and (2) complete a release of liability form.

Name of Participant _____ Sport _____

I, the above named participant, am eighteen years of age or older and have requested to try out for a sport at Creighton University. I acknowledge that this activity may expose me to hazards or risks that may result in my illness or personal injury. I understand and appreciate the nature of such hazards and risks and therefore declare myself physically fit and in good medical condition to try out.

I understand that the Creighton University Athletics Department does not provide medical insurance covering injuries of any nature incurred in team practices or transportation to such practices *during the tryout period*. Therefore, in order for me to be permitted to try out, I must show proof of insurance coverage.

I am covered by my family insurance policy or insurance purchased by me. I have completed the insurance questionnaire indicating specifics of my coverage. In addition to showing proof on insurance coverage, I also understand that I must submit medical documentation prior to trying out that verifies that I am in good health to participate. This involves completing a medical questionnaire.

In the event of illness or injury while participating, the coaches/moderator are to contract for and to authorize treatment by a medical doctor for me. In consideration of my being permitted to try out, I do hereby release and agree to hold blameless the Creighton University Athletics Department, the coaches and moderator from any and all claims, liability, costs and expenses arising out of or resulting from my participating in any practice session or from the procurement of medical treatment as foresaid.

I, the undersigned, hereby release the Creighton University Athletics Department, its successors, assignees, officers, agents and employees from any and all claims, demands and causes of action whatsoever in any way growing out of or resulting from my participation in any training program associated with Creighton University Athletics.

Executed this _____ day of _____, 20 _____

Participant's signature

Please note if you are under the age of 18, you MUST have a parent co-sign this document!