

Husson University Sports Medicine
Tryout Medical Release & Waiver of Liability

I, _____, certify that I am currently enrolled as a full-time student (minimum of 12 credit hours) at Husson University. I acknowledge that I am completely aware of the inherent risks associated with _____, and hereby waive, release, and discharge Husson University, Husson Sports Medicine Department, its physicians, the athletic team, and all of their respective members, officers, employees, and agents (hereinafter referred to as THE UNIVERSITY GROUP), from any and all liability and responsibility including any negligent acts or omissions on behalf THE UNIVERSITY GROUP. I further state that I take full responsibility for any injury, including death that may occur as a result of my participation, and that I will not hold THE UNIVERSITY GROUP responsible for any injury aggravation of pre-existing injuries, or death during this tryout.

I warrant that I am physically able to perform this tryout, and that I have no known physical conditions, which could be materially worsened or aggravated by my participation, unless stated below:

_____ I understand that the Husson Sports Medicine Staff may deny my participation in a tryout due to a medical condition found in my health history. I understand that any pre-existing medical conditions may have to be corrected prior to the tryout and/or acceptance to the team. In addition, all costs associated with any tests, consultations, and/or medical procedures needed to gain approval/certification for participation are my responsibility and/or my parent(s)/guardians(s).

_____ I understand that I am required to undergo a medical examination or evaluation administered by a physician or show proof of a medical examination or evaluation administered by a physician within six months prior to participation.

_____ I understand that I must provide PROOF OF CURRENT PRIMARY HEALTH INSURANCE, which covers athletic-related injuries, prior to my participation.

_____ I understand that I am required to provide proof of my sickle cell trait status in the form of blood test result; a note from a physician will not be accepted.

In consideration for the Husson Sports Medicine Staff granting me permission to engage in said tryout, I hereby release THE UNIVERSITY GROUP from any and all liability, claims, costs, or expenses resulting from any and all injuries that I may suffer during my participation in a tryout, including any negligent acts or omission on behalf of THE UNIVERSITY GROUP. I give the Husson University Sports Medicine staff permission to render any treatment and/or care within their scope of practice that they deem necessary during my tryout period.

I further acknowledge that I am voluntarily signing this waiver and possess complete understanding of the terms and conditions herein.

Prospective Student-Athlete Name _____ SSN _____

DOB _____ Insurance Company Name _____

Policy# and/or Group# _____

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Health History Information

1. YES NO Have you ever suffered a head injury, concussion, and/or been knocked unconscious?
2. YES NO Have you ever suffered a cervical spine and/or neck injury?
3. YES NO Have you ever suffered a shoulder injury?
4. YES NO Have you ever suffered an elbow and/or forearm injury?
5. YES NO Have you ever suffered a wrist, hand, and/or finger injury?
6. YES NO Have you ever suffered a spine, low back, and or sacroiliac injury?
7. YES NO Have you ever suffered a rib, thorax, and/or chest injury?
8. YES NO Have you ever suffered a hip, groin, and/or thigh injury?
9. YES NO Have you ever suffered a knee injury?
10. YES NO Have you ever suffered an ankle, lower leg, and/or foot injury?
11. YES NO Have you ever suffered a heat-related injury and/or received IV fluids for a heat-related problem?
12. YES NO Have you ever been diagnosed with any allergies and/or had an unfavorable reaction to any medications, food items, and/or stings/bites?
13. YES NO Have you ever been diagnosed with any asthma and/or exercise-induced asthma?
14. YES NO Have you ever been diagnosed with diabetes?
15. YES NO Have you ever had chest pain and/or unexplained shortness of breath during or after physical activity?
16. YES NO Have you ever felt dizzy, lightheaded, and/or passed out during or after physical activity?
17. YES NO Have you ever had the feeling of your heart racing or skipping beats during or after physical activity?
18. YES NO Have you get tired more quickly than your teammates/friends do during or after physical activity?
19. YES NO Have you ever been told that you have a heart murmur?
20. YES NO Has any family member or relative died of heart problems and/or sudden death before age 50?
21. YES NO Has a physician ever denied or restricted your participation in sports due to any heart problems?
22. YES NO Have you ever had an electrocardiogram (EKG) and/or echocardiogram (ECHO) of your heart?
23. YES NO Do you cough, wheeze, or have trouble breathing during or after physical activity?
24. YES NO Do you have ONLY one of two paired, functioning organs (eyes, kidneys, ovaries, testicles, etc)?
25. YES NO Have you ever had seizures or convulsions?
26. YES NO Do you or anyone in your family have sickle cell trait or sickle cell disease?
27. YES NO Have you had a viral infection (i.e. mononucleosis, myocarditis, etc.) within the past six months?
28. YES NO Have you ever been told by a physician to restrict your sports activity or not to participate in sport?
29. YES NO Are you currently taking any medications, vitamins, and/or supplements?
30. YES NO Are you aware of any reason why you shouldn't participate in intercollegiate athletics at Husson University at this time?

If you answered **YES** to any of the above questions and /or have further information which is knowledgeable to you and not required on this form, please explain in detail (use additional sheet(s) if necessary):

I, the undersigned, hereby acknowledge, affirm, and represent that all the above statements are true and accurate and that no answers or information have been withheld. If any information and/or statements are false and/or have been omitted in reference to my past and/or present medical history, I fully release THE UNIVERSITY GROUP from any claims or liability, and will not hold them liable for any injuries and/or illnesses not noted, including any negligent acts or omissions on behalf of THE UNIVERSITY GROUP.

Prospective Student-Athlete Signature

Date