

## Huston-Tillotson University – Intercollegiate Athletics

### Assumption of Risk for Open Tryouts

I, the undersigned, consent to participate in the Huston-Tillotson University (HT) Intercollegiate Athletics open tryouts.

I realize that there are risks assumed in athletics from activities such as running, jumping, weight training, use of equipment/apparatus, contact with or falls from equipment/apparatus, as well as other activities.

I understand and agree to participate with full knowledge, understanding, and appreciation of the risks herein.

I am willing to assume the risk of serious injury, which includes loss of limb or organs, paraplegia, quadriplegia, brain injury or death.

I understand that injuries sustained during or as a result of the tryout process are not covered by HT Intercollegiate Athletics Insurance and that HT will bear no financial responsibility for such injuries.

In consideration of me being allowed to participate in the Huston-Tillotson University Intercollegiate Athletics open tryouts, I hereby release and hold harmless Huston-Tillotson University, its employees, officers, regents and other persons associated with my participation from any liability relating thereto.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian if under 18

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email address