



Vanderbilt University

RELEASE OF LIABILITY AND MEDICAL CONSENT FORM FOR VARSITY TEAM TRYOUTS/CHEERLEADERS/DANCE LINE/PRACTICE PLAYERS

This form, including the following mandates, is required for any individual who is trying out for a Varsity Athletics team or supports Athletics as a Cheerleader, Dance Line Member or Practice Player:

- Proof of physical examination (including sickle cell testing for individuals trying out for Varsity Athletics teams and male practice players) within the last year; copy must be attached to form
- Proof of current medical insurance coverage; copy must be attached to form

NAME (last, first, MI)	Student ID and VUNet ID
_____ TRYING OUT FOR VARSITY TEAM _____ CHEERLEADER _____ DANCE LINE _____ PRACTICE PLAYER	DATE OF BIRTH
CELL PHONE NUMBER EMERGENCY CONTACT PERSON & PHONE NUMBER:	HOME ADDRESS (street, city, state, zip)
DATE OF ENROLLMENT AT VANDERBILT	ANTICIPATED DATE OF GRADUATION

My signature below indicates my understanding and acknowledgement of the following as part of my participation:

- I agree to follow any advice and procedures set forth.
- I release Vanderbilt University, its agents and employees from any liability caused by or resulting from participation (in tryouts for a Varsity team, as a cheerleader, dance line member or male practice player).
- I acknowledge that my participation is done at my own discretion, and I am physically able to participate. Should an injury occur during my participation in tryouts, I consent to receive medical treatment.
- There are inherent risks to which I may be exposed, including the risk of serious physical injury, temporary or permanent disability, and death.
- I currently have medical insurance coverage and understand that I am responsible for any medical expenses that arise as a result of my participation.
- I understand that I am financially responsible for any and all injuries sustained during the tryout process.
- I understand that, if chosen to be a cheerleader / dance line team member / or practice player (none of which is guaranteed under any circumstances), that I will be financially responsible for any and all injuries sustained while participating in those activities.

Signature of participant

Date