



Embry-Riddle Aeronautical University

***ASSUMPTION OF RISK, VOLUNTARY RELEASE AND
MEDICAL CONCENT FORM FOR INERCOLLEGIATE
ATHLETIC TRYOUTS AT EMBRY-RIDDLE
AERONAUTICAL UNIVERSITY***

Athlete's Name: _____ Sport _____

I understand that participation in intercollegiate athletics poses potential risk of injury. Being fully aware of the hazards and potential risks of injury involved in my voluntary participation in try-outs, I being legally competent to give consent, hereby consent to participating in try-outs for Embry-Riddle Aeronautical University in Prescott, and hold ERAU, their employees and agents, free and harmless from any claims, demands, suits, or damages from any injury or complications whatever may result from such participation.

I understand that the University's professional staff may provide treatment regarding routine first aid, major emergencies or medical trauma and may refer me to appropriate physicians / medical personnel for further treatment in the event that an injury take place. I hereby authorize consent to any X-ray, examination, anesthetic, medical or surgical diagnosis or treatment or hospital care, which is deemed necessary and rendered under the guidance or special supervision of the physician.

Being fully aware of the hazards and possible consequences involved in treatment of the above described routine and major emergency conditions, I being legally competent to give consent, hereby consent to such treatment and hold ERAU, their employees and agents, free and harmless from any claims, demands, suits, or damages from any injury or complications whatever may result from such treatment.

All medical expenses incurred due to my participation in tryouts are understood to be my responsibility and I hereby give authorization to provide such insurance information as necessary, should I incur any injury that requires medical attention. I do hereby declare and represent that in making, executing, and tendering this voluntary release and medical consent form for try-outs, I understand and acknowledge the risks involved in my participation in the described activities, and that I have read this statement, understand its contents, and executed, of my own free will and choice, and do so to benefit the best interest of myself.

I also understand that my tryout at Embry-Riddle Aeronautical University is limited to _____ days.

****I HAVE READ THE ABOVE AND UNDERSTAND****

In witness thereof, I have executed this document this _____ day of _____, 20____

Signature of Participant _____

Signature of Parent / Guardian _____
(For participants under age 18)

Witness _____
Signature _____ Date _____



EMERGENCY INFORMATION
(Please Print All Information)

Name: _____ Date: _____

SS# ____ - ____ - _____ DOB ____ / ____ / ____ Sport _____

Emergency Contact _____

Emergency Phone Number _____

Medical or Health Problems _____

Allergies (Med. Food. Bites) _____

Health Insurance Name _____

Health Insurance Policy # _____

Health Insurance Group # _____