



Indian Hills Community College

Department of Athletics

Recruiting Visit Athletic Participation Form

Consent to Participate and Waiver of Liability

Please read the following and sign below:

I fully understand that the physical demands of participating in intercollegiate athletics are greater than at high school or recreational settings, and that there is a risk of severe injury, activity-related illness, or even death while participating in collegiate sports. While on my recruiting visit to Indian Hills Community College, I am choosing to voluntarily participate in any athletic-related activities regarding the sport I am on campus to visit and give my consent to participate in these activities.

Therefore, as indicated by my signature below, I, _____, agree that I, my parent(s)/legal guardian(s), or representatives will not file lawsuit against Indian Hills Community College in the event that I become ill or injured while participating in athletics while visiting IHCC. Furthermore, I consent to participate in any athletic related activities relative to the sport I am on campus to visit. I hereby release IHCC of any and/or all liability of injury or illness that may occur during my participation in any athletic related activities while on my recruiting visit at IHCC.

I am aware that I can withdraw my consent at any time. Such withdrawal may indicate either a global withdrawal of consent (i.e., a wish to discontinue participation fully), or, withdrawal of consent from a single athletic drill, game, practice, and/or training session. I understand that withdrawal will not adversely affect my relationship with Indian Hills Community College.

Prior to participating in any athletic endeavor or sports while on a recruiting visit, it is recommended that a consultation with a licensed physician be performed and a physical examination be done as well. A copy of that physical examination should be provided as well. Physical exams performed by a chiropractor (DC) or nurse practitioner may also be accepted.

Prospective athlete's signature _____

Date _____

Signature _____

Date _____

Parent/Guardian signature if under the age of 18