



Indian Hills Community College

Department of Athletics

Tryout & Waiver of Liability Form

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.

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 trying out for varsity athletics at IHCC. I hereby release IHCC of all liability of injury or illness that may occur during my tryout for IHCC athletics.

Prior to participating in varsity athletics tryouts, 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) may also be accepted.

Prospective athlete's signature _____

Date _____

Signature _____

Date _____

Parent/Guardian signature if under the age of 18