

WARNING – ASSUMPTION OF RISK

There are many special benefits from the activities being afforded to student-athletes by the Blinn College District athletic programs. Within the activities, it must be understood that there are dangers that lead to injury to student-athletes. Therefore, the purpose of this section is to make all student-athletes aware that dangers do exist and that participation is voluntary with the understanding that risks are involved. It is to be further understood that student-athletes must share in this responsibility for their own safety and the safety of others as each participates in the athletic tryouts/camps/combines at Blinn.

The student-athlete participating in the athletic tryouts/camps/combines at Blinn could injure the anatomy of either one or several of the following: musculo-skeletal system, nervous system, circulatory system, respiratory system, digestive system, urinary system, reproductive system, endocrine system, and skin. Catastrophic injuries such as death, permanent paralysis, and loss of organs may occur during sport participation. There is not an absolute preventative against any injury.

Blinn does not offer supplemental insurance to participants in the athletic tryouts/camps/combines at Blinn. Any injury sustained by the student-athlete will be resolved by his or her own means.

ACKNOWLEDGEMENT OF WARNING/RISK

I acknowledge that I have been given a physical by a certified physician within the last twelve (12) months and have been cleared for physical activities.

By signing below, you acknowledge that you have read the "Warning-Assumption of Risk" statement above and are aware there is a possibility you may incur an injury of varying temporary or permanent disability to any of the body's systems. Also, you acknowledge risk of death, permanent paralysis, loss of organs and life-long disability that may occur as a result of the athletic tryouts/camps/combines at Blinn.

Additionally, you agree to release the Blinn College District from any liability with regards to any injury sustained.

**Before you are approved to participate, you are required to sign below
acknowledging the above statements.**

Student/Athlete Signature _____ Date _____

Parent /Legal Guardian Signature _____ Date _____

(If student/athlete is under 18 years of age)

Student Athlete's Name (please print): _____

Date of Birth: _____

Contact Phone Number: _____

Email Address: _____