



**FIU - ATHLETICS  
ATHLETIC TRYOUT RELEASE FORM**



In consideration for Florida International University allowing me to tryout on \_\_\_\_\_(date(s)) for a position on an Athletic Team for the support of \_\_\_\_\_(team) , I, the undersigned, hereby voluntarily release, discharge, waive and relinquish any and all actions or causes of action for personal injury, property damage, or wrongful death occurring to me, arising out of or related to my participation in the said tryouts or any activities incidental hereto, whenever or however the same may occur. I, for myself, my heirs, executors, administrators, and assigns hereby release, waive, discharge and relinquish any action or causes of action, aforesaid, which may hereafter arise for me and for my estate, and agree that under no circumstances will I or my heirs, executors, administrators, and assigns prosecute, present any claim for personal injury, property damage, or wrongful death against the State of Florida, The Florida International University Board of Trustees, FLORIDA INTERNATIONAL UNIVERSITY, FIU Athletics, FIU Athletics Finance Corporation, FIU Foundation, or any of their officers, coaches, instructors, agents or employees for any of said causes of action, whether the same shall arise by the negligence of any said persons, or otherwise. IT IS MY INTENTION BY THIS INSTRUMENT TO EXEMPT AND RELIEVE THE STATE OF FLORIDA, THE FLORIDA INTERNATIONAL UNIVERSITY BOARD OF TRUSTEES AND FLORIDA INTERNATIONAL UNIVERSITY, FIU ATHLETICS, FIU ATHLETICS FINANCE CORPORATION, FIU FOUNDATION, THEIR RESPECTIVE OFFICERS, COACHES, INSTRUCTORS, AGENTS OR EMPLOYEES, FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH ARISING OUT OF OR RELATED TO MY PARTICIPATION IN THE TRYOUTS REFERENCED ABOVE.

I further acknowledge that in the course of the tryouts and any of the activities related thereto which I wish to undertake, I expose myself to risk, known and unknown, of personal injury that could be painful, permanently disfiguring or debilitating and fatal. I, for myself and any other reason or entity claiming through me, accept full responsibility for such athletic activity. I understand and assume the accompanying risk of physical injury or death from such athletic activity.

I have no knowledge of any physical impairment or disability that would be affected by my participation in the above mentioned tryouts.

I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

SIGNATURE \_\_\_\_\_

Insurance Company \_\_\_\_\_

NAME (please print) \_\_\_\_\_

Group/Policy # \_\_\_\_\_

DATE: \_\_\_\_\_

Insurance Phone # \_\_\_\_\_

WITNESS \_\_\_\_\_

HMO: Yes/No      PPO: Yes/No

\_\_\_\_\_  
Parent/guardian's signature (If under 18 years old)

Date of Birth: \_\_\_\_\_ SSN# \_\_\_\_\_

Phone # \_\_\_\_\_