



Umoja Track Club

"...Not Just Track & Field, It's A Way Of Life"

Waiver for Athletic Tryout

Assumption of The Risk And Liability Release

To be completed by parent/guardian

Athlete's Name: _____

Date of Birth (MM/DD/YYYY): _____

Parent's/Guardian's Name: _____

Parent's/guardian's contact information:

Email: _____

Phone: _____

I understand and acknowledge that athletic activities, by their very nature, pose the potential risk of serious injury/illness to individuals who participate in such activities.

I understand and acknowledge that some of the injuries/illnesses which may result from participating in these activities include, but are not limited to, the following:

Sprains/strains, Fractured bones, Unconsciousness, Concussions, Head and/or back injuries, Paralysis, Loss of eyesight, Communicable diseases, Death

I understand and acknowledge that participation in these activities is completely voluntary.

I understand that tryouts/practices are not staffed by a medical practitioner.

I understand and acknowledge that in order for my son/daughter to participate in these activities, I agree to assume liability and responsibility for any and all potential risks which may be associated with participation in such activities.

I hereby certify that my son/daughter has been cleared for participation in these activities by a medical practitioner.

I understand that it is my responsibility to notify Umoja Track Club of my son/daughter's physical limitations, if any.

I understand, acknowledge, and agree that Umoja Track Club, its coaches, officers, agents, or volunteers shall not be liable for any injury/illness suffered by my son/daughter which is incident to and/or associated with preparing for and/or participating in this activity.

Signature of Parent/Guardian: _____

Date: _____