



Sports Medicine

LIABILITY AND RELEASE WAIVER FOR ATHLETIC PRACTICE/PARTICIPATION

I understand that while participating with MidAmerica Nazarene University _____ team, due to the fact that I am not a student-athlete at MNU, I acknowledge and agree that participation is strictly voluntary.

I further acknowledge and agree that while attending these practices and traveling to and from these practices, there is potential for accidents or injuries to occur. I for myself, my heirs, executors, administrators and anyone else who may claim on my behalf, covenant not to sue and to WAIVE, RELEASE, AND DISCHARGE MidAmerica Nazarene University, its officers, director, agents, employees, representative, and successors, for any and all claims or liability, whether foreseen or unforeseen, for personal injury or property damage directly or indirectly arising out of or in the course of my participation in the team practices or activities.

Have you been diagnosed with any of the following medical conditions or taken medication for the following:

Have you had a family member die suddenly from any of the following under the age of 55:

Were you born without or are you missing any of the following organs:

| | | | | | |
|--------------------------|--------|--------------------------|--------|--------------------|--------|
| Heart Condition | Y or N | Heart Attack | Y or N | Kidney | Y or N |
| Seizures/Epilepsy | Y or N | Seizures | Y or N | Spleen | Y or N |
| Diabetes | Y or N | Unexplained sudden death | Y or N | Testes (male only) | Y or N |
| Chest pain with exercise | Y or N | | | | |
| Concussion | Y or N | | | | |
| Neurological Injury | Y or N | | | | |
| Sickle Cell Trait | Y or N | | | | |

Are you currently under the care of any doctor/physician for an injury or illness: **Y or N**

Explain any YES answers: _____

I have Health and/or Accident insurance through the following company:

Name: _____

Policy #: _____

I also understand that I am responsible for the deductible if there is a deductible for the insurance policy in the event of injury or accident.

If under the age of 18, a parent or legal guardian needs to read this information and date, print, and sign their name below.

ATHLETE

Name: (print) _____

Signature: _____

Date: _____

PARENT OR LEGAL GUARDIAN

Name: (print) _____

Signature: _____

Date: _____