



Cumberland University
Student-Athlete Assumption of Risk and Release

I, the undersigned, hereby request permission to try-out for a position on the Cumberland University _____ team. I have participated in athletic activities related to said sport before and I am fully aware of the risks and dangers involved. I am aware that unanticipated and unexpected events occur during such activities, which may result in injury to me. I hereby assume all risks of injury that may be sustained by me in connection with said activities. I certify that my participation in the stated activities is voluntary.

In consideration of my being allowed to try-out for said sport(s), I hereby release and forever discharge the Cumberland University Board of Trust, its officers, agents and employees, and further covenant not to sue said Board, its officers, agents and employees in the above athletics activities, and which results from causes beyond the control of, and without the fault or negligence of, the Cumberland University Board of Regents, its officers, agents and employees. My true age is stated below. If I am under the age of 18 years, I certify that I have permission of my parents and/or guardians to participate in the stated activities and that they have full knowledge thereof.

Date this _____ day of _____, _____

Signature and Age

Printed Name

Signature of Parent/ Guardian
if student is under 18

Has health
insurance

Uninsured

Head Coach/ Athletic Trainer