

**SAGINAW VALLEY STATE UNIVERSITY
ASSUMPTION OF RISK WAIVER & CONSENT**

I, _____ assume the risk of injury during the time of my invited participation and/or tryout period. The Saginaw Valley State University Athletic Training Staff will provide basic emergency first-aid care in the event an injury is sustained. I understand the risks involved, and will not hold Saginaw Valley State University financially or legally liable for any debts incurred from that injury.

Parent/Guardian Signature
(If Participant is Under 18 years old)

Participant Signature

Name (Please Print)

Date

School Currently Attending

*The participation of this agreement is not to exceed 2 weeks from the date listed above and will become void upon the passing of a Saginaw Valley State University Athletic Department Physical Examination and inclusion on an active roster.

To be completed by a Saginaw Valley State Certified Athletic Trainer Only

Try-Out Participation _____ Approved _____ Denied

Certified Athletic Trainer's Signature

Date