

Try-Out Sickle-Cell Trait Waiver Form

The following waiver is for the Student-Athlete on their official visit and is trying-out for the first time for an athletic team at Alliance University.

I, _____, hereby agree to the following:
First Middle Last Name

I understand and acknowledge that the NCAA and Alliance University mandates that all student-athletes have knowledge of their sickle-cell trait status. I understand that sickle-cell trait does not prohibit me from participating in intercollegiate athletics and I hereby affirm that I have fully disclosed in writing any knowledge of sickle-cell trait status to the Alliance University Sports Medicine Staff before this try-out occurs. I recognize that ascertaining my true physical condition is dependent upon an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries, ailments, and/or disabilities experienced.

Athlete's Initial

	I am a <u>Student-Athlete</u> on an official visit at Alliance University for the <u>purpose of a try-out</u> . I voluntarily decline to be sickle-cell trait tested. I understand that an undiagnosed trait can be dangerous, even fatal, and agree to sign the waiver below.
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I do not wish to undergo sickle-cell trait testing as a part of my Try-out pre-participation physical examination before I participate in Alliance University Athletics. To the maximum extent permitted by law, I release, forever discharge, indemnify and hold harmless Alliance University, its Athletic Trainers, Team Physicians, Board of Trustees, its Officers, Employees and Agents from any and all costs, liabilities, expenses, claims, damages, actions, or cause of action whatsoever arising out or related to any loss, personal injury, damage or property loss related to my waiver of this recommended testing. I am fully aware of the risks and hazards associated with refusing this testing. This waiver is binding on heirs, my personal representatives and me. I acknowledge that if I am claimed as a dependent and/or are covered by my parent(s)/guardians health insurance plan, my parent or guardian has signed this waiver whether I am 18 years of age or not. If I am at least 18 years of age and not a dependent of my parent(s)/ guardian and/or am not covered by my parent(s)/guardians health insurance, I have signed this form. I have carefully read this document before signing it. My participation in intercollegiate athletics at Alliance University is voluntary and, prior to choosing to sign this I had an opportunity to consult with my parents, an attorney or counsel of my choice, and have asked any and all questions that I may have. I further state that I am of sound mind. I understand that the NCAA and Alliance University Sports Medicine Department recommend that I undergo sickle-cell testing for purposes of a try-out.

Student-Athlete Signature _____ Date _____

Sport(s) Participating In _____ Date of Birth _____

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____ Date _____