

## RELEASE OF POTENTIAL LIABILITY

Please print legibly

Release made this \_\_\_\_\_ day of \_\_\_\_\_, by \_\_\_\_\_,  
date month & year name

\_\_\_\_\_, \_\_\_\_\_ of \_\_\_\_\_  
ID number Date of Birth address

to the Board of Trustees of Southern Illinois University, its agents, employees, and officers (hereinafter referred to as "University"). In recognition of the fact that engaging in the sport of \_\_\_\_\_ involves risk of personal injury, I, the undersigned, warrant that I am presently in good physical condition and hereby agree to assume the risk of injury I may suffer as a result of my participation in \_\_\_\_\_ team tryouts at Southern Illinois University Carbondale on:  
sport

\_\_\_\_\_. Therefore, and  
dates of tryouts  
in consideration of being permitted to participate in such \_\_\_\_\_ tryouts, I hereby  
sport  
release and forever discharge the University of and from any and every claim, demand, or action of whatever kind, arising from or by reason of any injury, personal injury, or death resulting or to result from any accident which may occur as result of participation in such \_\_\_\_\_ tryouts. I  
sport  
further release the University from any claim whatsoever on account of first aid, treatment, or service rendered me in connection with my participation in such \_\_\_\_\_ tryouts. I, the  
sport  
undersigned, execute this release on behalf of myself, my heirs, and assigns. I warrant that I am of legal age and am competent to sign this release. I also warrant that I have read this release and understand its terms and that I have executed it voluntarily without any promises being made to me by the University.  
In witness whereof, I have executed this Release on the day and year first written above.

Witnessed by:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Parent or guardian signature if under 18