

ACKNOWLEDGEMENT AND ASSUMPTION OF RISK

I, the undersigned, am 18 years of age or older and wish to participate as an athlete or member of an Interuniversity Team as defined by Mustang Athletics as a constituent department of the University of Western Ontario (Western). I acknowledge that the activity I have consented to participate in, _____, will involve moderate to heavy exercise as well as the possibility of physical contact and that it is my responsibility to determine that I am physically fit to participate as an athlete or member of this Interuniversity Team. I further acknowledge that I have been advised by Western to consult with my family physician prior to my participation in any physical activities as an athlete or member of an Interuniversity Team..

I am aware that participating in the activities of an Interuniversity Team has many inherent risks, and in consideration of Western permitting me to participate as an athlete or member of an Interuniversity Club or Team, I hereby freely accept and fully assume all such risks, dangers, and hazards and the possibility of personal injury, death, property damage or loss, resulting therefrom.

I accept my responsibility to abide by the laws of the country and the policies of the University of Western Ontario, to ensure that I have adequate medical coverage, protect personal possessions, and obey all the rules set out for athletic and recreation activities.

I accept that once I make The University of Western Ontario varsity team that I will complete the ePPE online medical form within two weeks of my competitive season.

In entering into this Agreement, I am not relying upon any oral or written representations or statements made by Western, its employees, agents or representatives other than what is set forth in this Agreement.

I HAVE READ AND UNDERSTAND FULLY THIS AGREEMENT. I WISH TO CONTINUE TO BECOME A VARSITY ATHLETE.

SPORT: _____ **Date:** _____

PRE-TRYOUT WAIVER

Athlete's Name

Athlete's Address

Athlete's Signature

Witness