



Acknowledgement of Risk

I understand that participation in athletics includes the risk of bodily injury, including but not limited to, serious permanent injury and death. I further understand that such injuries may occur in the absence of negligence. To minimize the risk of bodily injury, I agree to obey all safety rules, to report fully any problems related to my physical condition to appropriate personnel including coaches and athletic training staff, and to follow all coaching instruction during the event.

Liability Waiver

I verify that I am in good health and do not have a history of any injury or illness that could endanger my safety during my participation in athletic activity. I further understand the inherent risk involved in participation in athletic activity that includes death, permanent paralysis, or permanent bodily injury. I have read the above statements and I am willing to assume full responsibility for the risks while participating in a Florida PRO Basketball Tryouts. I hereby waive any and all medical claims, cause of action, rights of entitlement, suits or damages against Florida PRO Basketball or any of its coaches, or representatives, as a result of or in conjunction with athletic participation in the athletic event. I further understand and acknowledge that Florida PRO Basketball is under no obligation to provide financial support for any such injury and that any bills for medical services required as a result of my participation in the tryout are the sole responsibility of my family and myself. I acknowledge that I am participating in these activities voluntarily. I understand my obligations as set forth in this document and agree to meet these obligations as a condition of my participation in this competition.

By signing below I Affirm That

- I am not currently under the care of a physician for an injury or illness that would prevent my safe participation in athletics.
- I am not currently being treated for or recovering from an orthopedic injury that would prevent my safe participation in athletics.
- I have no history of syncope (fainting) or other medical problems related to participation in strenuous physical activity or exercise.
- I am in good health and there is no reason why I cannot safely participate in strenuous physical activity or exercise.
- I have not been advised by a physician not to participate in physical activity or exercise or sports due to a medical condition or previous bodily injury.

My signature below indicates that I am aware of the risks of injury inherent in athletic participation.

Student Name: _____ GRADE: _____

School: _____ Student Phone: _____

Parent Name _____ PHONE: _____

Parent Email _____

Student or Guardian Signature: _____ Date _____