

# LARAMIE COUNTY COMMUNITY COLLEGE

## Athletic Participant Try-Out Waiver and Assumption of Risk

In consideration of Laramie County Community College granting permission to participate in tryouts for the sport named below, I hereby assume all risks of personal injury that may result from this certain activity and agree as follows:

**Assumption of Risk:** Participation in the tryout and playing, practicing, and conditioning to participate in competitive athletics carries with it certain risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks may include, but are not limited to: 1) minor injuries such as scratches, bruises, and sprains; 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions; and 3) catastrophic injuries including paralysis and death. **I have read, understand, and acknowledge that these and other risks that are inherent. I hereby assert that my participation is voluntary and I knowingly assume all such risks.** Furthermore, I understand that I will be responsible for any medical or other charges in connection with my participation.

Participant hereby releases, waives, discharges, and covenants not to sue, LCCC, nor any of its elected and appointed officials, employees, officers, agents, successors, assignees, and volunteers regarding any and all claims arising in direct relation to Participant's assumption of risk in participating in the event. This is not to include actions based upon negligence of LCCC wherein the damage, injury or death is not the result of an inherent risk of the sport or recreational opportunity pursuant to the Wyoming Recreation Safety Act, WYO. STAT. ANN. § 1-1-121 (2011) *et seq.*, and WYO. STAT. ANN. § 1-1-109 (2011). To the fullest extent permitted by law, Participant shall indemnify, defend, and hold harmless LCCC, its elected and appointed officials, employees, officers, agents, successors, assignees, and volunteers from any and all claims, lawsuits, losses, and liability arising out of Participant's involvement in this activity. Further, LCCC does not waive its Governmental/Sovereign Immunity by executing or entering into this Waiver/Agreement and specifically retains all immunities and defenses available to it as a governmental entity pursuant to WYO. STAT. ANN. § 1-39-101 (2011), *et seq.*, and all other applicable laws.

Participant certifies that he/she recognizes the importance of listening to and obeying all instructions regarding playing techniques, training, and other team rules given by all athletic department staff, including but not limited to coaches, equipment managers, team physicians, and athletic trainers during the try-out period.

Participant understands that there may not be certified medical personnel on-site during the try-out session.

Participant understands that a current physical must be submitted to the head coach in order to participate in tryouts. Current physical can be dated up to 1 year prior.

I have carefully read the foregoing and acknowledge that I understand and agree to all of the above terms and conditions. I have had the opportunity to ask any and all questions regarding this Waiver. I am aware that by signing this Waiver, I assume all risks and waive and release certain substantial rights that I may have. I acknowledge that this Waiver/Agreement is binding upon myself, my heirs, executors, administrators, and representatives in the event of my death or incapacity.

Participant Name/Signature: \_\_\_\_\_  
Please print Name Signature

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home or Cell Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian (*If participant is under age of 18*): \_\_\_\_\_

Emergency Contact Information: \_\_\_\_\_  
Printed Name Phone

Sport: \_\_\_\_\_ Date of Physical: \_\_\_\_\_