



Tryout/Showcase Waiver of Liability

Waiver and Release: In consideration of being permitted to try out on a Montcalm Community College intercollegiate athletics team, I hereby assume the risks of personal injury that may result. I am knowledgeable about the sport, have previously participated in the sport, and am aware of the potential for injury while participating. I do hereby release and hold harmless the State of Michigan, the Montcalm Community College Board of Regents, Montcalm Community College, their officers, employees and agents, from all liability for personal injury or property damage which result from causes beyond the control of, and without the fault or negligence of Montcalm Community College, its employees, agents or officers.

I have read and understand the above waiver.

Print Name of Prospective Student –Athlete

Signature of Prospective Student-Athlete

Address

Print Name of Emergency Contact Name

Emergency Contact Phone

Date

Signature of Parent/guardian if student trying out is under 18 years of age.

MCC Staff (Athletics staff member will complete this portion)

The MCC Athletics Staff has approved this student for a tryout based on the following:

SPORT: (Choose Sport) _____ Date of TRYOUT: _____

_____: Tryout Waiver of Liability

_____: Pre-participation physical within last 13 months

Signature of Athletic Staff member

Date

Email (PDF: *all ORIGINALS / NO PHOTO scans of forms*) - completed waiver and current year physical copy to athletics@montcalm.edu