UNIVERSITY OF NORTH FLORIDA SPORTS MEDICINE
STATEMENT OF WARNING, AGREEMENT TO OBEY INSTRUCTIONS, RELEASE, ASSUMPTION OF RISK AND AGREEMENT TO HOLD HARMLESS

ATHLETE MUST READ THE FOLLOWING STATEMENT AND SIGN:

I am aware playing or practicing to play/participate in any sport can be a dangerous activity involving **MANY RISKS OF INJURY.** I understand that the dangers and risks of playing or practicing to play/participate in the above sport include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system, and serious injury or impairment to other aspects of my body, general health and well-being. I understand the dangers and risks of playing or practicing to play/participate in the above sport may not only result in serious injury, but in serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities and generally to enjoy life.

Due to the dangers of participating in the above sport, I recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules, etc., and to agree to obey such instructions.

In consideration of the University of North Florida permitting me to try out for the University of North Florida Athletic Department (indicate team) _____team and to engage in all activities related to the team, including but not limited to, trying out, practicing, or playing/participating in that sport, I hereby assume all risks associated with participating and agree to hold University of North Florida, the Florida Board of Education, and the State of Florida, as well as its' employees, agents, representatives, coaches, and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to the University of North Florida (indicate team) _____ team. The terms of this document shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

SIGNED BY: _____ DATE: _____

(THE FOLLOWING IS TO BE COMPLETED ONLY IF SPORT PARTICIPATING IN IS BASKETBALL, BASEBALL, SOFTBALL, OR SOCCER: I especially acknowledge that (indicate sport) _____ is a VIOLENT CONTACT SPORT involving even greater risk of injury than other sports.

SIGNED: _____ DATE: _____

PARENT SIGNATURE IF STUDENT ATHLETE IS UNDER 18

SIGNED:_____ DATE:_____