

Joliet Junior College Athletic Waiver

Print Name

Address

City, State, Zip

Date of Birth

SS #

Sport

I acknowledge and understand that Joliet Junior College, the athletic department, coaches, and training staff are not responsible for medical conditions or injuries sustained for the above stated while participating in a three-day tryout period.

The above stated understands that he/she is participating without a medical physical and is releasing Joliet Junior College of any liability from known or unknown previous or current medical conditions resulting in injury, sickness, or death.

The above stated understands that he/she is required to obtain a medical physical signed by a physician upon the completion of the tryout period and acceptance to the team.

I am participating in the above stated sport and assume all risks of that sport.

Athlete Signature

Date

Parent Signature

(If athlete is under 18)
