

Lorain County Community College

I, _____ as a current member of the _____ Sports team, a recognized sport at Lorain County Community College, affirm that I am aware of my physical condition and I am voluntarily participating as a member of a Sports team. I am aware that my participation may result in possible injury. I am assuming any risk that may be involved in this sport.

I further acknowledge that I am aware of insurance policies that are available to me through private or institutional means. I know and understand the Sports Program and College policies and I will represent Lorain County Community College in such a manner that is expected.

I have read and understand the above statements and will abide by them to the best of my ability.

Signature _____ Date _____

Printed Name _____

Address _____

Birthdate _____ Phone () _____

If you are under 18 years of age, a parent or guardian must sign below.

Signature _____

Printed Name _____