

**Lorain County Community College Sports
Release Form/Agreement to Participate**

(completed before individual can try-out or participate, turned in w/roster)

I am aware that playing or participating in any sport may be dangerous activity involving MANY RISKS OF INJURY. I understand that the dangers and risks of playing or practicing in the sport listed below include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis of brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system and serious injury or impairment to other aspects of my body, general health and well being.

Because of the dangers and risks of participating in the sport listed below, I recognize the importance of following a coach's instructions regarding playing techniques, training, rules of the sport, other team rules, and to obey such instructions. I also understand a coach may or may not be provided by LCCC and teams participate without coaches.

In consideration of LCCC permitting me to practice, play or try out for LCCC's _____ (indicate sport) team and to engage in all activities related to the team, including practicing, playing and traveling, I hereby voluntarily assume all risks associated with the participation and agree to exonerate and save harmless LCCC, their agents, servants and employees, the athletic staff of LCCC, the physicians and other practitioners of the healing arts treating me, from any and all liability, claims, causes of action or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activates related to LCCC sports. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administration, assignees, and all members of my family.

I hereby agree to submit any disputes that may arise between myself and LCCC, its agents, servants and employees, the sports staff of LCCC, the physicians and other practitioners of the healing arts treating me in connection with my activities at LCCC, to the Director of Health, Physical Education Recreation and Student Life.

I am in good health and able to undertake a general sport program. I have read and understood the statement of hazards and risks above to which I will voluntarily and knowingly expose myself by participating in Sports. I understand the risks of my participation and have carefully considered those risks. In consideration of the right to participate in such programs, I do hereby release the President and Trustees of Lorain County Community College, all officials, agents and employees of Lorain County Community College, (and all persons participating in such programs), from any responsibility or liability from personal injury or property damage sustained by me during or because of participation in the activities of the organization.

I hereby consent to first aid, emergency medical care and if necessary, admission to an accredited hospital when necessary for executing such care, for treatment for injuries that I may sustain while participating in any activity associated with LCCC sports, including practices, games and travel. I agree to be financially responsible for any and all medical care.

I understand that LCCC recommends that all club sports participants have an annual physical examination and requires this exam for Intercollegiate athletes before participating in the program. Furthermore, I understand that medical and accident insurance is mandatory when participating in sport activities. I am aware that LCCC does not provide insurance for participants in the sports program. I understand it is my responsibility to check with my own insurance carrier to determine if club sports participation is covered under my plan for the duration of my participation.

Signature of participant

Date

Parent signature (if under 18)

Date