HOPE INTERNATIONAL UNIVERSITY

Department of Athletics

CONDITIONAL WAIVER, RELEASE, AND HOLD HARMLESS AGREEMENT

I,_____, intend to try out for a Hope International University ("HIU") Athletic Team in the sport of _____, ("sport") under the following conditions:

1. I understand that a position on the roster of the sport is based on the outcome of my try out. If a position on the team is secured, I understand I will be required to provide a completed Pre Participation Physical Examination before the first practice of each season. (The appropriate forms may be picked up from athletic training staff or your coach and may be completed by your personal physician, or one recommended by the athletic department.)

2. I understand and accept that activities involved in the sport may result in various injuries, including but not limited to: sprains/strains, fractured bones, head & neck injuries, unconsciousness, loss of eye sight, paralysis, communicable diseases, and even, death. I understand the dangers and risks of playing the sport may result not only in 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.

3. I agree to waive, release and hold harmless HIU, its trustees, officers, employees, representatives, athletic training staff, team coaches, and volunteers, from any and all liability, actions, cause of action; debts, claims and demands of any kind and nature whatsoever, which may arise in connection with my tryout for the sport at HIU. The terms hereof shall serve as a release and assumption of risk and responsibility for my heirs, estate, executor, administrator, assignees and for all members of my family.

4. I understand that I must present proof of primary medical insurance in order to try out or have any participation in the sport at HIU. In the event of an injury that requires emergency medical attention beyond the capabilities of HIU Athletic training staff, I understand that my primary insurance will billed first and HIU's Athletic Insurance is secondary. I further understand that I must adhere to HIU's claim process to ensure the claim is resolved in a timely manner.

I have completely read and understand this Conditional Waiver, Release, & Hold Harmless Agreement and agree to its terms.

Student Athlete Name (Please print): _____ Birthdate: _____

Signature: _____ Date: _____

If Student Athlete is under 18, parent or guardian signature required.

Parent Name: (Please print): _____

Parent Signature _____Date: _____