



Department of Athletics  
Athletic Participation Waiver

WAIVER OF LIABILITY, COVENANT NOT TO SUE, ASSUMPTION OF RISK

I, the undersigned, hereby acknowledge that participation in athletic activities involves an inherent risk of physical injury. The undersigned hereby agrees that for the sole consideration of Wilmington University allowing the undersigned to participate in athletic activities for which or in connection with which the University sponsored or made available any equipment, facilities, grounds, or personnel for such activities or to the undersigned while participating in any such programs or activities, the undersigned does hereby release and forever discharge Wilmington University, its members officially and individually, and its officers, agents, and employees of any and all claims, demands, rights, and causes of action of whatever kind or nature, arising from any injuries, damage to property, and the consequences thereof, including death, resulting from my participation in any way connected with such athletic activities.

NOTICE TO ALL PERSONS PARTICIPATING IN ATHLETIC ACTIVITIES

Many athletic activities involve substantial risks of bodily injury, property damage, and other dangers associated with participation. Dangers peculiar to such activities include, but are not limited to: hypothermia, broken bones, strains, sprains, bruises, drowning, concussion, heart attack, and heat exhaustion. Each participant in such activities should realize that there are risks, hazards, and dangers inherent in such activities and in the training, preparation for, and travel to and from such activities. It is the responsibility of each participant to participate only in those activities for which they have the prerequisite skills, qualifications, preparations, and training.

In accordance with NCAA guidelines, all persons participating in any Wilmington University athletics activity must undergo a medical examination or evaluation administered or completed by a physician. This examination/evaluation must have been completed six months prior to the athletic activity. Participants are required to complete the "Wilmington University Athletics Preparticipation Evaluation Form" found on the University's website at <http://www.wilmu.edu/athletics/athleticstrainingforms>. No athletic participation may occur until this form is received by the Wilmington University athletic training staff. Forms may be faxed to (302) 328-7376.

I fully understand all of the above. I accept and assume all risk involved in any such activities in which I participate as either part of a voluntary or involuntary intercollegiate activity. I assume all medical expense responsibility for any injuries sustained in either voluntary or involuntary intercollegiate activity.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Student-Athlete Name (PRINT) \_\_\_\_\_

Student-Athlete Signature: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_  
PRINT NAME SIGNATURE

Emergency Phone Number: \_\_\_\_\_