

Texas Tech University Sports Medicine

Texas Tech University Walk-On Waiver

Player represents that he/she is currently not suffering from any physical or mental disability known to him/her, which would preclude him/her from participation in football.

Player acknowledges that physical exercise will be necessary to participate in football and that injuries may result from participation in Texas Tech football. The following is a description and example of specific, significant, non-obvious dangers and risk associated with football: **fractures, concussions, and visual loss of one or both eyes, muscle tears, ligament tears and dislocations, all requiring or possibly requiring surgical care.** I have had an opportunity to ask questions about the risk and dangers with the coach or team representative. I understand that Texas Tech University does not require me to participate in football, but I want to do so, despite the possible dangers and risk, and despite this Release.

Required Prior to Participation:

- | | | |
|--|--|---|
| <input type="checkbox"/> Medical History | <input type="checkbox"/> Proof of Insurance
(Copy of Insurance Card) | <input type="checkbox"/> Waiver |
| <input type="checkbox"/> Physical | <input type="checkbox"/> Sickie Cell Test Results
(Must be ordered through
your physician) | <input type="checkbox"/> All forms signed |

Player has read and voluntarily agrees to participate.

Date

Signature of Participant

Date

Parent or Legal Guardian
If under the age of 19

Date

Witness