



**MENLO COLLEGE ATHLETICS**  
**Acknowledgement of Risk and Release of Liability**  
**'Tryouts' and Other Participants**

I am aware that my participation during 'tryouts', open gym, club or any other intercollegiate sport activity at Menlo College constitutes risky and hazardous activities, involving risk of serious injury or death. Furthermore, I understand that participating in the aforementioned activity may cause further injury or complications related to my current disability or impairment that may result in permanent and irreparable injury. I am voluntarily participating in these activities with the knowledge of the danger involved and hereby agree to accept any and all risks of injury, death, or property damages. In consideration of my being permitted to participate in the aforementioned activity, I agree that I hereby **RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE** Menlo College, Menlo School, or Menlo School and Menlo College, their agents, employees, representatives, successors and/or assigns, individually or collectively for injury or damage to me incurred while participating in aforementioned activities sponsored by the Menlo College Athletic Department. I hereby consent to emergency transportation treatment in the event of injury. I further certify that I am in good physical condition, and I have no medical or physical conditions that would restrict my participation in these activities.

As further consideration I hereby agree to **INDEMNIFY AND SAVE AND HOLD HARMLESS** Menlo College, its Trustees, Officers, agents, attorneys and employees, Menlo School, and Menlo College and Menlo School of and from any and all liability for claims, demands and costs including attorneys fees arising in any way from any loss, liability, damages or cost that may occur in the event of injury or damage while participating in the aforementioned activity. Specifically, I agree to pay and indemnify Menlo College for any claims that they must pay, and attorney fees and costs they incur, as a result of my indemnification through cross-complaint or subsequent complaint, or a subrogation action by our insurance company or the insurance company of someone else, or otherwise as a result of any claim by me against any person or entity other than Menlo College for injury or damage sustained by me while participating in the aforementioned event/activity.

As further consideration I Hereby **ASSUME FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY OR DEATH** to me. I expressly agree that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the state in which the event is conducted and that is any portion, clause or sub clause hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full and I further agree that the substantive law of the state shall apply in the action without regard to the conflict of law rules of that state.

I further expressly acknowledge that I have **READ, UNDERSTAND and VOLUNTARILY SIGN THE ACKNOWLEDGMENT OF RISK AND RELEASE OF LIABILITY AGREEMENT**, and further agree that no oral representations, statements, inducements, apart from the foregoing written agreement have been made.

I have read, understand, and agree to the above:

PARTICIPANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

PARENT/LEGAL GUARDIAN SIGNATURE: \_\_\_\_\_  
(if participant is under the age of 18)

**MENLO COLLEGE SPORTS MEDICINE DEPARTMENT**  
**Prospective Student-Athlete Health History Questionnaire**

Sport(s): _____	Date: _____	Eligibility: FR SO JR SR
Social Security Number: _____	Age: _____	DOB _____
Name (Last, First): _____	Cell Phone: _____	
Local Address: _____	Other Phone: _____	
City: _____	State: _____	Zip: _____
Parent's Address: _____	Phone: _____	
City: _____	State: _____	Zip: _____
Emergency Contact and Relation: _____	Home: _____	Cell: _____
Date of last physical examination?: _____	Primary Care Physician: _____	
International Student?: Yes No	Please List Country of Origin _____	

- YES  NO Have you ever suffered a head injury / concussion and/or been knocked unconscious?
- YES  NO Have you ever suffered a cervical spine / neck injury?
- YES  NO Have you ever suffered a shoulder injury?
- YES  NO Have you ever suffered an elbow / forearm injury?
- YES  NO Have you ever suffered a wrist, hand, and/or finger injury?
- YES  NO Have you ever suffered a spine, low back, and/or sacroiliac injury?
- YES  NO Have you ever suffered a rib, thorax, and/or chest injury?
- YES  NO Have you ever suffered a hip, groin, and/or thigh injury?
- YES  NO Have you ever suffered a knee injury?
- YES  NO Have you ever suffered an ankle, lower leg, and/or foot injury?
- YES  NO Have you ever been diagnosed with any allergies and/or ever had an unfavorable / allergic reaction to any medications, food items, and/or stings / bites?
- YES  NO Have you ever been diagnosed with asthma and/or exercised induced asthma?
- YES  NO Have you ever been diagnosed with diabetes?
- YES  NO Have you ever had chest pain and/or unexplained shortness of breath during or after exercise / practice?
- YES  NO Have you ever felt dizzy, lightheaded, and/or passed out during or after exercise / practice?
- YES  NO Have you ever had the feeling of your heart racing or skipping beats during or after exercise / practice?
- YES  NO Do you get tired more quickly than your teammates / friends do during exercise / practice?
- YES  NO Have you ever been told that you have a heart murmur?
- YES  NO Has any family member or relative died of heart problems and/or of sudden death before age 50?
- YES  NO Has a physician ever denied or restricted your participation in sports due to any heart problems?
- YES  NO Have you ever had an electrocardiogram (EKG) and/or echocardiogram (ECHO) of your heart?
- YES  NO Do you cough, wheeze, or have trouble breathing during or after exercise / practice?
- YES  NO Do you have only one of two paired, functioning organs (eyes, kidney, ovary, etc.)?
- YES  NO Have you ever had seizures or convulsions?
- YES  NO Do you or anyone in your family have sickle cell trait or disease?
- YES  NO Have you had a viral infection (i.e. mononucleosis, myocarditis, etc.) within the past six (6) months?
- YES  NO Have you ever been told by a physician to restrict your sports activity or not to participate in a sport?
- YES  NO Are you aware of any reasons why you should not participate in intercollegiate athletics at Menlo College?

**If you answered YES to any of the above questions, and/or have any other information about your health history, please explain in detail (use additional sheet(s) if necessary):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, the undersigned, hereby acknowledge, affirm, and represent that all above statements are true and accurate to the best of my knowledge; and that no answers or information have been withheld.

Student-Athlete Signature	Date
Parent/Guardian Signature (if under 18 years of age) and printed name	Date