ASSUMPTION OF RISK

I understand there is an inherent risk of injury associated with my participation in athletics. I understand that an injury could lead to permanent disability or death. My medical history does not contain any injuries/illnesses that would prevent me from participating in athletics. I hereby exonerate Baruch College, its officers, employees, physicians/athletic trainers and the City of New York from any liability or claims whatsoever for personal injuries/illnesses sustained during try-outs, training, or scheduled competition under the auspices of the Intercollegiate Athletics Division.

The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees and all members of my family.

Sport ___________________________   Print Name____________________________

Signature of Student _______________________________  Date _____________

________________________________________________ Date _____________

Signature of Parent or Guardian if Student is Under 18 years of Age