



## Tryout Waiver Form

I acknowledge my voluntary participation in practice and activities associated with the FC Grande. I understand that while I am participating in this tryout where there is a risk of injury. I understand that such an injury can range from a minor injury to a major injury. Such injuries could cause permanent disability such as paralysis, permanent bone or joint injury, permanent scars and other chronic disabling conditions.

I hereby waive any and all claims, causes of action, rights to entitlements, suits or damages against FC Grande, Las Cruces Public Schools, Las Cruces High School or any of its employees, agents or representatives, as a result of or occurring in conjunction with, my participation during this camp.

I verify that I have no physical disabilities, impairments or chemical dependencies that inhibit my participation in sport activities. I do not know of any medical reason why I should not participate in a try-out for my sport. I hereby accept and assume the risk of injury and understand the possible consequences of such injury.

I, the undersigned, have read this form carefully and understand all its items.

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*Printed  
Name of  
Participant*

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*Date of Birth (DD/MM/YYYY)*

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*Parent/Guardian  
Signature*

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*Date*