



OFFICE OF ATHLETICS

Prospective XC Recruit Form

Name: _____

Email Address: _____ Phone Number: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Birthdate: _____ Height: _____ Weight: _____

Academic Program of Interest: _____ Academic GPA: _____

Have you already applied to UA Rich Mountain? _____

High School: _____ Graduation Date: _____

What was the last team you played for? _____

Please provide the coach's name and contact information: _____

Please list your top athletic achievements/ or awards: _____

Please list any academic achievements/ or awards: _____

Are you interested in attending UA Rich Mountain and running for the BUCKS? _____

Please complete this form and return it to Samantha Shores at UA Rich Mountain or email it to:

xccoach@uarichmountain.edu



UNIVERSITY of ARKANSAS

RICH MOUNTAIN

GENERAL RELEASE AND ASSUMPTION OF THE RISK

For Tryout for Intercollegiate Cross Country AND Lions Club Facilities Usage Form

THIS FORM MUST BE COMPLETED BY PARTICIPANT PRIOR TO TRYOUT

Participants Name _____	Birth Date _____
Address _____	Gender _____
City/State/Zip _____	Age _____
Cell Phone _____	Facility: Lions Club
Email _____	ACTIVITY: Cross Country

Medical Information

Emergency Contact _____	Phone _____
Relationship to Participant _____	Insurance Policy No. _____
Insurance Carrier _____	Insurance Group No. _____

1. In consideration of the privileges granted to me to participate in a tryout for the intercollegiate cross country team at UA Rich Mountain organized by the UA Rich Mountain Department of Athletics (“Activity or Tryout”), I, _____ (“Participant”) (or the parent or guardian if the Participant is a minor), know that participation in sports may result in serious injury or death, and protective equipment does not prevent all injuries to players. I hereby waive, release, absolve and agree to hold harmless UA Rich Mountain, its administrators, employees, coaches, students and staff as well as the organizers, supervisors, volunteers, sponsors, participants and persons transporting me to and from activities from any claim arising out of any injury to myself arising from my participation in the Activity, whether the result of negligence or for any other cause.
2. I (We) the parent(s)/guardian(s) of the above-named participant hereby give my (our) approval for participant to participate in activities utilizing Lions Club facilities and UA Rich Mountain athletic facilities. I (We) have read paragraph 1. above and agree to hold harmless UA Rich Mountain, its administrators, employees, coaches, students and staff, as well as the organizers, supervisors, volunteers, sponsors, participants and persons transporting my (our) participant to and from activities, harmless from any claim arising out of any injury to my (our) participant related to his or her participation in the Activity, whether the result of negligence or for any other cause.

(See Reverse)

3. Accident/medical insurance coverage is **not** provided by UA Rich Mountain. If injured while participating in the Activity at Lions Club facilities, I (we) understand that I (we) are responsible for medical expenses and/or insurance coverage.
4. Property damage and general liability insurance are **not** provided by UA Rich Mountain. I (We) understand that UA Rich Mountain is **not** responsible for property damage resulting from the use of Lions Club facilities or athletic facilities.
5. I understand that my participation in the Activity will include strenuous physical exertion which may carry some inherent risk and I choose to assume those risks. I also recognize that by participating in the Activity without knowing my medical condition including my sickle cell trait status may cause me to experience potential health risks including but not limited to death and I willfully assume those risks. I assume full responsibility for my decision to participate in an invited tryout for an intercollegiate athletic team at UA Rich Mountain and consent to release UA Rich Mountain from liability for my participation.
6. I, _____ (“Participant”) have undergone a medical examination within six months before participation in the on campus evaluation or within six month before my initial participation in practice, competition, or out of season conditioning activities during my immediately completed season.
7. I, _____ (“Participant”) declare that I am healthy and have been cleared to participate in strenuous activities such as this Tryout and I waive the right to be tested, for and know, my sickle cell trait status.

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

If, in the opinion of the representative of the Department of Athletics in charge of the Activity, the need arises for immediate medical treatment of an illness or injury, I hereby authorize UA Rich Mountain representative to secure without delay medical treatment for me by appropriate medical personnel.

THIS GENERAL RELEASE AND WAIVER OF LIABILITY IS ALSO BINDING ON THE STUDENT’S AND/OR THEIR PARENT’S/LEGAL GUARDIAN’S PERSONAL REPRESENTATIVES, HEIRS AND ASSIGNS.

I FURTHER ACKNOWLEDGE THAT I AM EITHER OVER THE AGE OF 18 OR THIS RELEASE IS BEING ENTERED INTO BY MY PARENT OR LEGAL GUARDIAN.

Signature of Participant (if 18 or older)

Date

Signature of Parent or Guardian

Date