



ASSUMPTION OF RISK



I understand, agree and acknowledge that some activities may be of a hazardous nature and/or include physical and/or strenuous activity. Understanding this, I state that I have no medical condition or impairment that might inhibit my safe and active participation in the above listed activity. In addition, I understand that the Charlotte Rams LLC does not provide medical insurance coverage for tryouts and that any applicable medical insurance must be provided individually by such participants. In the case of injury or medical emergency and in the event participant, or their parent or guardian, cannot respond at the time of the emergency, Charlotte Ram LLC Staff has permission to seek, administer, or have administered whatever first aid or emergency medical care deemed necessary for participant's welfare, and it is understood that participant, and not Charlotte Rams LLC , shall be responsible for any and all charges for such health care service regardless of whether participant's medical insurance would cover such charges.

I HAVE READ THIS ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Signing below I acknowledge that I have read and understood the terms of assumption of risk agreement

SIGNATURE _____

DATE _____