



OFFICE OF SPORTS DEVELOPMENT

WAIVER AND UNDERTAKING

(For Non-Varsity Participants, Guest Players, Try-Outs, Training Pool)

I, _____, voluntarily agree to participate in training, practices, try-outs, competitions, tournaments, or related activities with De La Salle University (DLSU) with permission from the Office of Sports Development (OSD).

1. **ASSUMPTION OF RISK** I understand that sports participation involves risk of injury, illness, disability, or death, and I voluntarily assume all risks.
2. **MEDICAL FITNESS** I certify that I am physically fit and will disclose any medical condition that may affect my participation.
3. **RELEASE OF LIABILITY** I release De La Salle University, the Office of Sports Development, its officials, coaches, and staff from any liability arising from my participation.
4. **NO VARSITY OR SCHOLARSHIP STATUS** I understand that my participation does NOT make me a member of the DLSU Varsity Team and does not give me scholarship, allowance, roster inclusion, academic privilege, or any varsity benefit.
5. **EVENT-SPECIFIC AUTHORIZATION** If allowed to represent DLSU in a tournament or event, such permission applies ONLY to the event approved by OSD and shall not be interpreted as varsity appointment, recruitment, or official team membership.
6. **PARTICIPATION CLASSIFICATION** (Check one) Training participant Try-out participant Training pool Guest player Tournament representative Former varsity Invited athlete Other: _____
7. **COMPLIANCE** I agree to follow all University, team, and league rules.
8. **MEDICAL CONSENT** I authorize emergency medical treatment if necessary, at my own expense unless approved otherwise.
9. **INDEMNIFICATION** I agree to hold DLSU free from claims arising from my participation.
10. **VALIDITY** This waiver is valid only for the sport and event approved below and may be revoked by the University at any time.



Participant Name: _____

Signature: _____

Date: _____

PARENT / GUARDIAN (if minor)

Name: _____

Signature: _____

Date: _____

APPROVALS

Sport: _____

Event / Tournament: _____

Event Dates: _____

Head Coach Name: _____

Signature: _____

Date: _____

Office of Sports Development:

Name: _____

Signature: _____

Date: _____