Policy Code No. **900.21**

NATIONAL INTERCOLLEGIATE SOCCER OFFICIALS ASSOCIATION

MEDICAL WAIVER/HEALTH CERTIFICATION FORM

To Whom It May Concern:

_____ _____

Official's Name (Print or Type) Address

_____ _____

Chapter and State City, State, Zip

This certifies that I, the above named individual, have chosen to participate voluntarily in the NISOA Referee Activity to which a medical examination by a qualified physician IS recommended by NISOA.

I consider myself to be physically capable of handling the rigors required for normal participation in soccer games as a referee or assistant referee, for activities simulating game conditions, including the physical performance events listed below. I understand that the battery of events will be administered in numerical order on the same date with intervals between events not to exceed ten (10) minutes. I understand there are target performances suggested as listed below for each event.

Event #1	**Event #2**	**Event #3**	**Event #4**
Aerobic	Sprint	Agility	Anaerobic
Endurance	Pro-40	Brasilian AR	Endurance
12-MinuteRun	Mobility	50 Meter	30-Meter Shuttle

AGAIN, I have chosen to participate voluntarily in the NISOA Referee Activity with full knowledge of what will be required of me. I realize that a medical examination IS strongly recommended. The decision to participate either with or without the recommended medical examination was a conscious one. In light of my voluntary choice to participate, I specifically agree to waive any and all legal rights for claims of any nature whatsoever that I may have now or in the future against NISOA or any person or persons representing NISOA for any injury sustained while participating in these activities.

I certify that I have read the Medical Waiver/Health Certification Form and understand its contents as evidenced by my signature below.

I have have NOT completed the recommended medical examination.
(*select and circle one*)

_____ _____

Signature of Participant: Date:

Revised: July 16, 2005