

Student-Athlete Name: \_\_\_\_\_

Sport: \_\_\_\_\_

### Assumption of Risk for Intercollegiate Athletic Participation

By its nature, participation in intercollegiate athletics includes the risk of injury which may range in severity from minor to long term catastrophic, including but not limited to, permanent paralysis from the neck down and/or death. Although serious injuries are not common in supervised intercollegiate athletic activities, it is possible only to minimize, not eliminate risk. Participants can and have the responsibility to help reduce the chance of injury. Student-athletes must obey all safety rules, report all athletic injuries to the certified athletic trainers, follow a proper conditioning program and inspect all protective equipment daily. By signing this form I acknowledge that I have read and understand this warning.

Student-Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (if athlete is &lt;18): \_\_\_\_\_ Date: \_\_\_\_\_

### Consent for Medical Treatment

I hereby grant permission to the Johnson State College Athletic Training staff and team physicians to provide me with medical care in the event that I become injured while participating in intercollegiate athletics. I understand that any treatment, medical or surgical care that is provided to me will be given only when considered medically necessary for my health and well being. By signing this form, I acknowledge that I have read and understand this consent.

Student-Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (if athlete is &lt;18): \_\_\_\_\_ Date: \_\_\_\_\_

### Authorization to Release Information

I hereby authorize and request JSC athletic trainers and / or their consulting physician (s) to furnish any and all requested information to their physicians, or athletic trainers, which directly pertains to my participation in athletics at JSC. Said authorization shall include, but is not limited to: information concerning my physical condition, illnesses, injuries, treatment, hospitalizations, examination, X-rays, or other forms of diagnostic testing. I hereby fully discharge all parties to whom this authorization extends from any and all penalties of breach of student-athlete confidentiality.

Student-Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (if athlete is &lt;18): \_\_\_\_\_ Date: \_\_\_\_\_

### Medical Referral and Primary Care Authorization

Any appointment made with medical specialists (orthopedist, pedorthist, neurologist, etc.) may require a referral from the primary care physician. It is the student-athletes responsibility to acquire this referral prior to any appointment or office visit. **Johnson State College is not responsible for medical expenses incurred while participating in intercollegiate athletics.** Participation in athletics at Johnson State College is limited to student-athletes who are covered by a primary medical health insurance policy. Johnson State College Athletics does not offer medical insurance coverage to student-athletes. By signing this form, I hereby accept responsibility for obtaining all necessary referrals and understand that I am responsible for any and all charges incurred during medical treatment.

Student-Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (if athlete is &lt;18): \_\_\_\_\_ Date: \_\_\_\_\_