



***THIS FORM MUST BE SIGNED AND RETURNED BEFORE THE STUDENT-ATHLETE WILL PERMITTED TO PRACTICE OR PLAY***

Participation in sport requires an acceptance of risk of injury, including catastrophic injury and death. Athletes rightfully assume that those who are responsible for the conduct of sport have taken reasonable precautions to minimize the risk of significant injury and that those participating in the sport will not intentionally inflict injury.

Periodic analysis of injury patterns continuously lead to refinements in the rules and other safety guidelines. However, to legislate safety via the rule book and equipment standards, although often necessary, is seldom effective by itself. To rely on officials to enforce compliance with the rule book is as sufficient as to rely on warning labels to produce behavioral compliance with safety guidelines. Compliance means respect on everyone's part for the intent and purpose of a rule or guideline, not merely technical satisfaction by some of its phrasing.

By reading the content of this form and signing below the participant understands:

- A. He or she must refrain from practice or play while ill or injured, whether or not receiving medical treatment, or during medical treatment until he or she is discharged despite continuing treatment.
- B. Having passed the physical examination does not necessarily mean that he or she is physically qualified to engage in athletics, but that the examiner did not find a medical reason to disqualify him or her at the time of said examination.
- C. Medical attention, hospitalization, and medications are the financial responsibility of the students and or their parents. All charges for medical services as a result of illness and or injuries incurred during participation as a member of an athletic team will be billed to the athlete and should be submitted to his/her insurance.

**Release of Information**

I give my consent for the team physician, athletic trainers, or other medical personnel of the University of Mary, to release my medical history, record of injury or surgery, record of serious illness, and rehabilitation results as may be requested by the University of Mary coaching staff or insurance representative.

\_\_\_\_\_  
Participant Printed Name

\_\_\_\_\_  
Sport(s)

\_\_\_\_\_  
Signature of Participant

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date