

MUHLENBERG COLLEGE

DEPARTMENT OF ATHLETICS STATEMENT OF INFORMED RISKS

Date _____ Student Athlete _____ Sport(s) _____

Birthdate _____ Age _____

Parent/Guardian Name _____ Home Phone (____) _____

Home Address _____
Street City State Zip

I wish to participate in Muhlenberg College intercollegiate athletics being engaged in the intercollegiate sport(s) of _____

I hereby acknowledge that I am participating in these activities with the full realization that they may involve a significant risk of bodily injury. I understand that the injury may range in severity from minor to long term catastrophic up to and including death, or damage to property of myself and others. I am aware that it is not possible to delineate specifically each and every individual injury risk. However, knowing the material risk and appreciating and reasonably anticipating that injuries and even death are a possibility, I hereby expressly assume all of the risks which could occur as a result of my participation.

I agree that in exchange for and in consideration of the College permitting me to participate in this sport and all activities related to it including, but not limited to travel, I hereby assume all the risks associated with the sport and agree to release and hold harmless Muhlenberg College, its officers, agents, coaches and employees from any and all liability, actions, causes of actions, negligence, debts, claims or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to the sport.

Additionally, I understand that any previous injury or condition I have may predispose me to an increased risk of re-injury or increased risk of other injuries or conditions. Furthermore, I understand that in the event of any new injury, there may be short term and/or long term health related risks involved with continued participation in athletics, even after proper treatment or rehabilitation. I am aware of these risks, and providing the college athletic/medical staff informs me of these risks if they are not self evident, I wish to continue my participation in intercollegiate athletics.

I authorize the Muhlenberg College Health Center and the Department of Athletics to exchange any and all pertinent medical information which may affect my health and/or performance while participating in my sport.

I certify that Health Insurance and/or additional coverage by a medical insurance company has been secured.

I do agree to use all safety equipment that is issued to me by my coach, equipment manager, or athletic trainer. I further agree not to alter or change my protective equipment without obtaining permission from the athletic trainer. This includes all braces, protective gear, mouth pieces, and uniforms.

The undersigned, herewith,

A. Understands that he or she must refrain from practice or play while ill or injured, whether or not receiving medical treatment until he or she is discharged from treatment or is given permission by the clinical practitioner to restart participation despite continuing treatment.

B. Understands that having passed the physical examination does not necessarily mean that he or she is physically qualified to engage in athletics, but only that the evaluator did not find a medical reason to disqualify him or her at the time of said examination.

Date _____ Signed _____

Date _____ Signature of Parent/Guardian (if under 18 years of age) _____

Date _____ Witness _____

6/13/06