



Acceptance of Risk/Liability

1. I certify that I have submitted a completed medical/physical examination to the Athletic Trainer and/or Student Health Center as required. I understand that having passed a physical examination does not necessarily mean that I am physically qualified to engage in athletics, but only that the examiner did not find a disqualifying medical reason during the examination.
2. I understand that participation in sports requires an acceptance of risk for injury. My decision to participate in athletics indicates my acceptance of this risk. In order to minimize this risk as a participant, I must be aware of and abide by certain procedures, safety rules, and guidelines. Any improper use or abuse of equipment could result in injury to myself, a teammate, or an opponent. Improper or illegal use of equipment or technique may result in serious head and neck injuries, paralysis, internal injury, and death. Other injuries in athletics include, but not limited to strains, sprains, fractures, and contusions. Athletes rightfully assume the responsibilities for conduct in sports will not intentionally inflict injury upon them, but acknowledge that unintentional injuries, including serious head and neck injuries, paralysis, internal injury, death, sprains, strains, fractures, and contusions, can happen while participating in or training for athletic events. The responsibility for sport safety must be shared by all involved, and compliance with rules means respect on everyone's part for the intent, spirit, and purpose of the rules or guidelines.
3. I understand in the event of a medical emergency during an intercollegiate athletic practice or contest, must be reported to the coach, and also the certified athletic trainer immediately. I understand if I am at an "away" contest, it is my responsibility, as well as the coach to report to the certified athletic trainer when I return to campus. Come to see me, leave a voice mail message, and or email me. I will notify you and set up an appointment at both of our earliest conveniences. Do not tell me about your injury the next day right before practice! The athletic trainer shall make the decision for all medical referrals and will be arranged with help in accordance with insurance policy requirements.
4. I understand that I must refrain from practices, conditioning or games during medical treatment or rehabilitation until permitted or discharged from the team physician and/or athletic trainer. The final decision for return to play for an injury, illness, or condition will be made by the Hollins University Athletic Trainer and/or team physician.
5. I have received the NCAA Concussion Fact Sheet and will abide by these standards in reporting such conditions to the coach and Athletic Trainer immediately.
6. I, hereby, give my permission for emergency treatment to be provided to me for the medical conditions resulting from my participation in athletics. This treatment will include but not be limited to first-aid, transportation to an emergency facility and other such procedures as the physician and/or athletic training staff deem necessary for the preservation of health.
7. I give permission for the Athletic Trainer and Student Health Center to release, written and/or orally any and all information concerning my injuries, illness or condition to one another.

I have read and understand the statements above.

 Athlete's Name(printed) Athlete's Signature Date Sport: _____

 **Parent/Guardian(printed) Parent/Guardian Signature Date

**Only to be completed if athlete is under 18 years of age

Athletics
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