

Notre Dame College Athletic Training

Acceptance of Risk, Informed Consent and Authorization to Treat

ACCEPTANCE OF RISK

I, _____ (print your name), fully understand that while playing or practicing to play/participate in intercollegiate athletics for Notre Dame College, serious injuries can occur, such as head, neck, and spinal injuries which may result in death, complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, muscles, tendons, ligaments, and other aspects of the musculoskeletal system, and serious injury or impairment to other aspects of the body, general health and well-being. I understand that the dangers and risks of playing and practicing to play/participate in any intercollegiate sport may not only result in serious injury, but in serious impairment of my future abilities to earn a living, to engage in other business, social, and recreational activities, and generally to enjoy life. As a participant, I knowingly accept this risk and understand that Notre Dame College is informing me of the risk involved in participating in all aspects of intercollegiate sports.

Because of the dangers in participating in intercollegiate sports, I recognize the importance to follow the coaches', team physicians', and athletic trainers' instructions regarding playing techniques, training and other team rules, and agree to obey such instructions.

EMERGENCY MEDICAL CONSENT

I give the Notre Dame College Sports Medicine Staff (i.e., Certified Athletic Trainers, Team Physician, Health Center Staff, Paramedics, And/or Emergency Room Physicians), as our agent (s), permission to consent to and administer emergency medical treatment in the event of a serious or life-threatening injury. This consent includes any X-ray examination, anesthetic, medical, or surgical diagnosis or treatment, or hospital care being required and gives our agent (s) the authority and power to give specific consent to any and all such examinations, diagnosis, treatment, or hospital care which the physician in his/her best judgment may deem advisable.

Signature _____ Date _____

Parent/Guardian Signature (if minor) _____ Date _____

Athletic Trainer Signature _____ Date _____