

JUDSON UNIVERSITY



athletic training form

athletics

Judson University Student Athlete's Acknowledgement and Assumption of Athletic Risk and Responsibility

I realize and understand that participating in Intercollegiate Athletics at Judson University involves a risk of injury. These injuries may be minor, career or life threatening.

I accept that Judson University and the Sports Medicine Staff are not to be held responsible for any pre-existing medical condition(s) that I may have, or for any injuries/illness which may be caused by the actions of other athletes, or myself.

I share responsibility for minimizing the risk of injury to myself and others. I understand that injuries may be caused by my own failure to follow safety procedures, instructions, or techniques that are made known to me by the sports medicine staff. I must try as best I can, to abide by instructions and guidelines relating to safety, and to avoid injuries and accidents in my athletic activity.

I understand that having passed the physical examination does not necessarily mean that I am physically qualified to participate in Intercollegiate Athletics at Judson University, but only that the physician did not find a medical reason to disqualify me at the time of the physical examination.

I understand that I may have personal physical conditions that may appear during my participation, that the Sports Medicine Staff may be unaware of that can cause me unexpected injury/illness.

I understand that I must refrain from practice while injured or ill. When under medical care, I may not return to participation until I have been given permission/clearance, by a medical doctor.

I understand and agree that if I experience an injury/illness or change in my health status it is my responsibility to promptly inform the athletic trainer. I must give the athletic trainer a full honest understanding of my physical condition, and adhere to the established injury management guidelines which include total rehabilitation and reassessments before I am released to return to full participation

I grant permission to the Judson University Athletic Training Staff and Team Physicians to render any treatment or medical care deemed reasonably necessary. This includes preventive care, first aid, rehabilitation, treatment modalities, and emergency treatment. Also, if deemed necessary, I grant permission to hospitalize and secure treatment for me for my athletic injury/illness.

I have read the above risks statement. I understand that there are certain inherent risks involved in training, traveling, and participating in an intercollegiate athletics program. I acknowledge the fact that these various risks exist and I am voluntarily willing to personally assume responsibly for any and all such risks while participation in Intercollegiate Athletics at Judson University.

Name Printed: _____

Name Signed: _____

Date: _____

Guardian Signature: _____

Date: _____

If athlete is under 18 years of age

Witness: _____

Date: _____