

University of Mary Washington

Athletic Training Department

1301 College Avenue

Goolrick Hall, Room 102

Fredericksburg, VA 22401

Phone 540-654-1872 or 1874, FAX 540-654-1892

NCAA Acceptance of Risk Waiver & Release of Medical Information 2007-2008

Student Name: _____ Sport: _____
Last First MI

Please read the following completely and carefully.

You must sign and return to your coach before participating in your first practice.

1. I (We), the undersigned, hereby certify that the answers to the questions provided on the *Health History* and *Intercollegiate Athletics Pre-participation Health Examination Record* are correct, true, and honest. Additionally, the application to compete in athletics at the University of Mary Washington is made with the understanding that I have not violated any of the eligibility rules and regulations of the National Collegiate Athletic Association.
2. I (We) understand and accept the risk of injury and the possibilities of permanent disability and death inherent to relevant sport. By signing below, the student-athlete pledges to do the best to reduce these risks by keeping in the best physical condition and by following the advice of the team physician, athletic trainers, and coaches concerning the prevention, treatment, and rehabilitation of athletic injuries.
3. I (We) give permission to the sports medicine staff to hospitalize and/or secure treatment, including immediate first aid, physical exam, follow-up, and rehabilitation in the athletic training room for any athletic injury. If the student-athlete is under the age of 18, the undersigned parent grants permission to the sports medicine staff to hospitalize and/or secure treatment for my son/daughter or ward for any athletic injury.
4. I (We) authorize the University of Mary Washington and its coaching staff, certified athletic trainers, consulting physicians, and health-care personnel to exchange, written or orally, protected health information and any related information regarding any athletic injury or illness which affects the ability to participate in physical activities at the University of Mary Washington. Any revocation of this authorization must be made by sending a written notification to the UMW head athletic trainer.

I (We), the undersigned, have read and understand the Acceptance of Risk Waiver & Release of Medical Information statement and agree to follow its policies and procedures. I (We) also hereby release the University of Mary Washington, its agents, and employees from any liability caused by or arising out of athletic participation in the University's athletic program.

Athlete's Signature

Date

Parent's Signature

Date

Send this form to your coach at the following address:

Your Coach's Name Here
University of Mary Washington
1301 College Avenue
Goolrick Hall, Room 106A
Fredericksburg VA 22401