

ROCKHURST UNIVERSITY ACCEPTANCE OF RISK/LIABILITY
WAIVER & CONSENT FOR HEALTHCARE

- A. The undersigned hereby certifies that the answers to the required history questionnaire are correct, true, and honest.
- B. Understands that having passed the physical examination does not necessarily mean that he/she is physically qualified to engage in athletics, but only that the examiner did not find a medical reason to disqualify him/her.
- C. Understands that he/she must refrain from practices or games during medical treatment until he/she is discharged from treatment by the Team Physician and/or the Athletic Trainers. Self release by the athlete will waive the sports medicine staff from any liability that results during athletic participation and or practice.
- D. Understands and accepts that participation is voluntary and there are risks of injury, permanent disability, and death inherent to their sport. By signing below he/she pledges to do the best to reduce risks by keeping in the best possible condition, examining assigned protective equipment regularly, following the advice of the Team Physician, attending physicians, athletic trainers, and/or coaches concerning the prevention, treatment, and rehabilitation of all athletic injuries.
- E. Will promptly notify the medical staff of any changes in his/her health status, including injuries, illnesses occurring during in season, off season, and summer.
- F. I grant permission to the Athletic Training Staff to hospitalize and secure treatment for myself for any athletic injuries or medical conditions deemed to need immediate treatment by a physician. If the athlete is under the age of 18, the undersigned parent grants permission to the Athletic Training Staff to hospitalize and secure treatment for my son/daughter for any athletic injury or medical condition deemed to need immediate treatment by a physician.
- G. Every athlete must have athletic injury/accident insurance effective **August 1, 2009** with continuous coverage throughout the calendar year and must provide a front/back copy of their insurance card. **Any insurance lapse without proper notification of the athletic training staff will result in responsibility for all medical bills incurred.**
- H. My signature below gives the RU Athletic Training Staff my permission to release any health care information to other health care providers, to appropriate persons, including but not limited to each other, team physicians, athletic training students, my parents or my athletic coaches either written and/or orally, for the purpose of treatment, payment, and or for health care operations.

We, the undersigned, have read and understood the preceding medical policy statement and agree to follow its procedures. We also hereby release Rockhurst University, its agents and employees from any liability caused by, or arising out of the athlete's participation in the University's' athletic program. We also give consent for the release of health care information for the purpose of treatment and care when necessary. By signing below, we acknowledge that we have read the assumption of risk statements and are aware and agree to the possibility of the inherent dangers of the sport.

Athlete's Signature

Date

Parent's Signature **(REQUIRED IF MINOR)**

Date