

SUNY- POTSDAM ATHLETICS PARTICIPATION STATEMENT

A. Participation Agreement, Assumption of Risk and Release

I, _____ (print name), verify that I have been informed that I may be injured while participating in intercollegiate athletic practice or competition which include but are not limited to training, try-outs, practicing, competing, and traveling. I understand that it is possible that I may sustain an injury, which may result in permanent disability, paralysis, or death. I freely acknowledge that I am aware of and accept the risks associated with such participation. _____ (initial here)

I fully realize the dangers in participating in such activities and assume the risks inherent to participation, which may include but are not limited to, the possibility of serious physical injury and/or mental trauma, the onset of serious physical and/or medical conditions, and paralysis, which may require surgery or other medical treatment, and which may be caused in whole or in part by numerous factors, including my medical or physical condition, the actions or interactions of athletes, the condition of premises, and the negligence of the entity or individuals released hereby. I waive, release, and discharge of myself, heirs, executors, all rights or claims for injuries or losses of any description that I may have or which may hereafter result to me against SUNY-Potsdam, its trustees, employees, or agents, in connection with my participation in activities associated with a SUNY-Potsdam athletic team. _____(initial here)

I understand that it is the recommendation of the SUNY-Potsdam medical staff that all jewelry be removed for practice and competition. If I choose not to remove all jewelry, including, but not limited to: earrings, rings, necklaces, navel piercing, tongue rings, or other anatomical piercing. I understand I will be solely responsible for any medical or dental costs resulting from any injury consequential to jewelry being worn. _____(initial here)

B. Medical Consent to Treatment

I grant permission to physicians, athletic trainers, and/or other medical professionals or practitioners associated, assisting, or employed in connection with SUNY-Potsdam athletic programs or student athletes, to render any preventative, emergency, surgical, or rehabilitative medical treatment or care deemed reasonable and necessary for my health and well-being in circumstances connected with my participation in activities associated with a SUNY-Potsdam athletic team. I understand that all injuries are to be reported to the certified athletic trainer and that I am responsible for the follow-up care and treatment of my injuries under the supervision of the certified athletic trainer.

This consent is not intended to, and does not create a duty on the part of physicians, athletic trainers, and/or other medical professionals or practitioners associated, assisting, or employed in connection with SUNY-Potsdam athletic programs or student athletes, to render or arrange for such treatment or care.

_____ (initial here)

C. Authorization of Release of Medical Documentation

I authorize SUNY-Potsdam and any of its health care providers or practitioners to release to the athletic training staff and/or coaches assisting with SUNY-Potsdam athletic programs any and all records, documents, or information regarding my medical, physical, or psychological condition for the purpose of informing such individuals of such conditions. Such records, documents, or information may become available or be developed over the course of the year including and following the date of this Release Authorization. Records, documents, or information created or maintained in connection with an alcohol or drug treatment or prevention program are excluded from this release.

I further authorize the release of records, documents, or information regarding my medical, physical, or psychological condition to other entities or individuals including but not limited to the SUNY-Potsdam Sports Information Department, media outlets and personnel, and professional team personnel for the purpose of informing such entities or individuals of such conditions. This Release Authorization should not be construed, however, to require such release.

This Release Authorization is effective for the year including and following the date of execution and I may revoke it by means of a written statement to that effect, except to the extent that action has been taken based upon the Release Authorization. _____ (initial here)

D. Signature Approval

I have read, understood, and approve Parts A,B, and C of this Participation Statement. A photocopy of this Participation Statement will be deemed to have the same force and effect as the original.

Student Athlete's Signature Age Date

Parent or Guardian if student is under 18years old