

Emmanuel College Athletic Department
Assumption of Risk Waiver / Consent to Treat

As an athlete competing in the sport of _____ at Emmanuel College, I
_____, am fully aware that playing, practicing, training, and/or other

Name of Athlete (Please Print)

involvement in any sport can be a dangerous activity involving MANY RISKS OF INJURY, including, but not limited to the potential for catastrophic injury or even death. Because of the aforementioned risks of participating in any athletic activity, I recognize the importance of following all instructions of the coaching staff, strength and conditioning staff, and/or athletic trainer(s). Furthermore, I understand that the possibility of injury, including catastrophic injury or death, does exist even though proper rules and techniques are followed to the fullest. I also understand that there are risks involved with traveling in connection with intercollegiate athletics.

In the event of an injury/illness, I hereby authorize the Emmanuel College Athletic Department's team physician(s), athletic trainer(s), and designated medical staff to examine, treat and/or provide hospitalization for any injuries, which may occur, while participating in intercollegiate athletics for Emmanuel College. I authorize the team physician(s), athletic trainer(s), and designated medical staff to communicate with athletic department staff/officials and coaching staff regarding their findings and recommendations. I further understand that the team physician and/or his/her designee have the authority to eliminate me from participation as a student-athlete due to an injury/illness, and/or due to undue liability risk of the Emmanuel College Athletic Department.

In consideration of the Emmanuel College Athletic Department permitting me to participate in intercollegiate athletics and to engage in all activities and travel related to my sport, I hereby voluntarily assume all risks associated with participation and agree to exonerate, save harmless and release the Emmanuel College Athletic Department, its agents, servants, trustees, and employees from any and all liability, any medical expenses not covered by the Emmanuel College Athletic Department Secondary Insurance, and all claims, causes of action or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to intercollegiate athletics. The terms hereof shall serve as release and assumption of risk for my heirs, estate, executor, administrator, assignees, and all members of my family.

I hereby attest that I have read and fully understand the Emmanuel College Athletic Department Assumption of Risk Waiver/Consent to Treat Form. Further, I agree to abide by all regulations set forth, and I understand that failure to abide by the statements could result in unfavorable health consequences.

Student-Athlete Signature _____ Date _____

Signature of Parent/Guardian _____ Date _____

(Required if student-athlete is under 18 years of age)