

LINDSEY WILSON COLLEGE SPORTS MEDICINE

Assumption of Risk – Informed Consent

I understand that participation in sports requires an acceptance of risk of injury.

I understand that I may be injured temporarily or permanently while participating in sports and I accept the risk.

I understand that I must follow the rules of my sport(s).

I understand that I must refrain from practice and/or play while injured or ill if restricted by the school nurse, team physician(s), Lindsey Wilson College Sports Medicine staff, or any other medical doctor recommended by the team physician or LWC Sports Medicine Staff.

I understand that should I sustain an injury or illness, which has restricted my participation, that I am not to return to active participation until released by the school nurse, team physician(s), Lindsey Wilson College Sports Medicine Staff, or any other medical doctor recommended by the team physician or LWC Sports Medicine Staff.

In consideration of my being allowed to try out for said sport, I hereby release and forever discharge the Lindsey Wilson College Board of Trustees, its agents and employees, and further covenant not to sue said Board, its above athletic activity, and which results from causes beyond the control, and without the fault or negligence of the Lindsey Wilson College Board of Trustees, its agents, and employees. My true age is stated below. If I am under the age of 18 years, I certify that I have permission of my parents and/or guardians to participate in the stated activities and that they have full knowledge thereof.

The undersigned by signing this release hereby certifies that the undersigned has read and fully understands the conditions herein provided.

Date: _____

Athlete's Signature: _____ Age: _____

Athlete's Printed Name: _____

Signature of Parent/Guardian, if under 18: _____