

# FULL ACCEPTANCE OF RISK

Participation in the sport(s) of \_\_\_\_\_ at Benedictine College requires an acceptance of risk of injury. Participation in your sport could result in death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to all internal organs, serious injury to all bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system, and serious injury or impairment to other aspects of your body, general health and well being.

Minor and moderate injuries are very common in athletics and every participant is likely to sustain an injury during his/her athletic career. Minor and moderate injuries in athletics include (but are not limited to) sprains, strains, contusions, abrasions, and lacerations. However minor or severe an injury, you **must** report all injuries to the certified athletic trainer(s) for proper evaluation, treatment, and possible referral to a physician. Failure to comply will place the entire outcome of the injury in your own hands.

Protective equipment and preventative taping is available to athletes as needed in each sport. You must be aware that protective equipment and preventative taping will NOT PREVENT ALL INJURIES FROM OCCURRING! To maximize the effectiveness of protective equipment, inspect it daily and exchange all defective equipment. Make sure all equipment is properly adjusted and worn during all games and practices.

I have read the preceding and certify that I am physically fit to participate in athletics at Benedictine College. I fully KNOW, UNDERSTAND, and APPRECIATE the risks inherent in this/these sport(s), and I VOLUNTARILY participate in this activity. I hereby release all Benedictine College coaches, certified athletic trainers, and school officials for negligence resulting in injury and liability for any injury I sustain while participating in this extracurricular activity.

Name of Student-Athlete (please print) \_\_\_\_\_

\_\_\_\_\_  
Signature of Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian (if under 18)

\_\_\_\_\_  
Date

## Benedictine Sports Medicine Student-Athlete Injury/Illness Release

I, the undersigned, do hereby authorize the head coach, team physician(s) and their staff, and/or athletic trainer(s) to release verbally and/or in writing, injury and illness information to each other for treatment or participation purposes. This information may also be released to sports information and/or the media, for purposes related to press releases and/or articles. I also authorize the above personnel to release that information to my parents/guardians unless I state otherwise.

I, \_\_\_\_\_, of lawful age and being first duly sworn on my own oath states as follows:

That I have read the above and foregoing student-athlete injury/illness release and understand the statement therein: that I authorize the head coach, team physician(s) and their staff, and/or athletic trainer(s) to release verbally and/or in writing, injury and illness information to each other for treatment or participation purposes. This information may also be released to sports information and/or the media, for purposes related to press releases and/or articles. I also authorize the above personnel to release that information to my parents/guardians unless I state otherwise.

Name: \_\_\_\_\_

Witness: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_