

## **Park University Sports Medicine**

### **Consent to Treat**

I, \_\_\_\_\_, consent for the sports medicine staff of Park University to provide medical care when necessary.

This consent is effective July 1, 2007 to June 30, 2008.

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)

### **Authorization for Release of Medical Information**

I, \_\_\_\_\_, consent the release of medical information to the necessary athletic department personnel and any other healthcare providers. This release is exclusive to proper management of any medical condition or injury for the athlete's best interests.

This authorization is effective July 1, 2007 to June 30, 2008.

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)

### **Assumption of Risk for Athletic Participation**

Participation in sports requires an acceptance of risk of injury. Administrators, coaches and sports medicine specialists have taken reasonable precautions to help minimize the risk of significant injury while participating in athletics at Park University. However, because of the stresses and forces associated with athletics, there is no guarantee that injury can be prevented or avoided. Permanent disability, paralysis and death may occur as a result of participation in any sport. It is both the responsibility of the athlete, in conjunction with the athletic department and sports medicine personnel, to be aware of the potential for injury and to take the steps necessary to decrease the risk of exposure.

I have read and understand the above statement and agree to accept the risk as a condition of my participation.

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)