

Onondaga Community College Intercollegiate Athletics

Assumption of Risk

Name: _____ Date of Birth: _____

Injury is an inherent aspect of sport. I understand that through my participation in intercollegiate athletics at Onondaga Community College, I am subject to possible injury, and also understand that by my participation, I accept the risk of possible injury.

I understand that those who are responsible for the conduct of my sport have taken reasonable precautions to minimize such risks.

This statement will remain in effect until such time as it is revoked in writing by me.

Student-athlete signature _____ Date: _____
Parent/Guardian signature _____ Date: _____

Information Release Authorization

To all Athletic Trainers and Physicians working with Onondaga Community College:

You are authorized to provide to my parents/guardians as well as coaches, college personnel, and medical personnel, all information concerning my health care, injury, rehabilitation, treatment, and health status. This information is to be used for the purpose of advising persons of my health or injury status for the purpose of accessing the insurance coverage under the policy which covers medical treatment and costs for me.

You are also authorized to obtain medical information and records from all of my past or present health care/medical providers.

This authorization is valid until such time as it is revoked in writing by me.

Student-athlete signature _____ Date: _____
Parent/Guardian signature _____ Date: _____

Authorization, Agreement, and Consent

(To be signed by Parent/Guardian if the athlete is younger than 18 years of age on date of physical)

I understand the risk of injuries and losses that can occur as a result of participating in intercollegiate athletic activities and assume all such risks. I hereby further consent and give permission to Onondaga Community College to obtain whatever medical treatment and/or care as is deemed necessary by the College staff for the health and well-being of the student-athlete and I consent to have administered to the athlete any emergency medical or surgical treatment recommended by a licensed health care provider. A photocopy of this authorization shall be deemed effective and valid as the original.

Parent/Guardian signature _____ Date: _____