



MEDICAL CONSENT AND SHARED RESPONSIBILITY/ ASSUMPTION OF RISK

STUDENT NAME: _____ SPORT: _____ DATE OF BIRTH: _____

MEDICAL CONSENT, RELEASE, AND SHARED RESPONSIBILITY INFORMATION

- A. **Medical Consent:** To permit College of the Holy Cross athletic trainers, team physicians, and the Health Center medical staff to treat any injury/illness that may occur during your enrollment at the College of the Holy Cross.
- B. **Shared Responsibility:** Shows that you recognize that there are certain inherent risks that are possible when participating in intercollegiate athletics. As a College of the Holy Cross student-athlete, you are willing to take responsibility for these potential risks that may occur while participating for College of the Holy Cross athletics.

A. MEDICAL CONSENT

You give permission to the College of the Holy Cross team physicians and/or consulting physicians as well as the Sports Medicine staff to render any treatment that may be necessary regarding your health and well-being.

You authorize the medical staff to render the necessary medical services. You understand that this may include treatment such as medical or surgical care that may need to be provided by the caring team physician or consulting physician.

Also, by permitting necessary treatment, you realize that you are authorizing the athletic trainers to render any treatment that may fall under the headings of preventative first-aid, rehabilitation, and emergency treatment. During these instances, the athletic trainer will be working under the supervision of the College of the Holy Cross Sports Medicine team physicians and or/consulting physicians.

You also realize that by giving consent for proper care, you are giving permission for hospitalization when necessary at an accredited hospital.

Initials: _____ Parent or Guardian Initials if student is a minor _____

B. SHARED RESPONSIBILITY FOR SPORTS SAFETY and ASSUMPTION OF RISK

Participation in sport requires an acceptance of risk of injury. Athletes, along with their parent/guardian if applicable, rightfully assume that those who are responsible for the conduct of sport have taken reasonable precaution to minimize such risk and that their peers participating in the sport will not intentionally inflict injury upon them.

The NCAA and individual sport-governing bodies make periodic analysis or injury patterns, refinements in the rules, and other safety decisions. However, to legislate safety via a rule book and equipment standards, while often necessary, seldom is effective by itself; and to rely on officials to enforce compliance with the rule book is as insufficient as to rely on warning labels to produce compliance with safety guidelines. "Compliance" means respect on everyone's part for the intent and purpose of a rule or guideline, including such guidelines as for the use of protective equipment.

You have read the above shared responsibility statement. You understand that there are certain inherent risks involved in participating in intercollegiate athletics. You acknowledge the fact that these risks exist and are willing to assume responsibility for such risk while participating at the College of the Holy Cross. You also assume responsibility to adhere to the NCAA Protective Equipment Standards.

My signature below confirms that I have read the above information and agree to abide by all terms and conditions outlined herein for the duration of my eligibility as an intercollegiate athlete at the College of the Holy Cross. My failure to agree and sign shall result in my being ineligible to participate in intercollegiate athletics.

SIGNATURE OF STUDENT ATHLETE: _____ DATE : _____

SIGNATURE OF PARENT/GUARDIAN IF A MINOR: _____ DATE: _____