

WEST VIRGINIA UNIVERSITY INTERCOLLEGIATE ATHLETICS

I. ASSUMPTION OF RISK

I, _____ (print name), verify that I have been informed that I may be injured while participating in intercollegiate athletic practice or competition. I understand that it is possible that I may sustain an injury which may result in permanent disability, paralysis, or possibly death. I understand that paralysis may include loss of movement, feeling, and use of my arms, legs, and trunk. I further understand that paralysis may involve complete loss of sexual function, and/or bowel and bladder control which would require the use of external aids, attached or inserted into my body for the collection and removal of body wastes.

I understand that paralysis and its effects could last my entire lifetime.

In addition, I understand that an injury to any of my body joints (i.e. ankle, knee, hip, spine, shoulder) may result in disfiguration, loss of movement, strength or feeling which may last my entire lifetime.

I understand that it is my responsibility to adhere to all rules and regulations of my chosen sport. I understand that infraction of the rules may result in injury to me or my opponent. I also understand that no modification of protective equipment or uniform should be made.

In addition, I understand that it is my responsibility to report faulty or poor-fitting equipment immediately to the coach, equipment manager, or athletic trainer.

I understand that all injuries are to be reported to the athletic trainer and that I am responsible for the follow-up care and treatment of my injuries under the athletic trainer's supervision.

I accept these risks of participation in _____ (sport) during the 20____ -20____ season.

II. CONSENT TO EXAMINATION AND TREATMENT

I, _____ (print name), consent to the examination and treatment by health care providers of the West Virginia University Department of Intercollegiate Athletics. I realize that students who are supervised by other health care providers may perform my treatment.

I authorize West Virginia University Department of Intercollegiate Athletics to release my medical records and any other information relating to my care (specifically including information related to psychiatric, substance abuse, or HIV treatment) to any person, company or agency who may need them for treatment, payment, or other health care operations as outlined in the West Virginia University Department of Intercollegiate Notice of Privacy Practices.

By signing below, I declare that I have read and understand this NOTICE OF RISK and CONCENT TO EXAMINATION AND TREATMENT document. I also acknowledge that I have been given opportunity to ask questions about this document.

Student-Athlete Signature

Date

7/15/03