

# ATHLETIC PARTICIPATION RISK ACKNOWLEDGEMENT

Although participation in supervised intercollegiate athletics and activities may be one of the least hazardous in which any student will engage in or out of school, **BY ITS NATURE, PARTICIPATION IN INTERCOLLEGIATE ATHLETICS INCLUDES A RISK OF INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG-TERM CATASTROPHIC, INCLUDING PERMANENT PARALYSIS FROM THE NECK DOWN OR DEATH.** Although serious injuries are not common in supervised athletic programs, it is possible only to minimize, not to eliminate risk.

Participants can, and have the responsibility to, reduce the chance of injury. **PARTICIPANTS MUST OBEY ALL RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR COACH OR ATHLETIC TRAINER FOLLOW A PROPER CONDITIONING PROGRAM, AND INSPECT THEIR EQUIPMENT DAILY.**

In consideration of Arizona Christian University permitting me to try out for a team and to engage in all activities related to that team, including, but not limited to, trying out, practicing or playing/participating in that sport, *I hereby and do assume all the risks of injury* to my person and property that may be sustained in connection with participation in team sport or individual sporting activity and agree to hold Arizona Christian University, its employees, officers, agents, representatives, coaches, and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my participation in the Athletic Programs at Arizona Christian University. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

**I HAVE READ AND UNDERSTAND THE FOREGOING RELEASE AND, BY AFFIXING MY SIGNATURE TO IT, SIGNIFY MY CLEAR INTENTION TO BE LEGALLY BOUND TO IT.**

\_\_\_\_\_  
Printed Name of Student-Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student-Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

Please list the sports that you will be participating: \_\_\_\_\_

## CONSENT FOR TREATMENT OF MINORS

In case of the need for medical care for my child, \_\_\_\_\_ I, \_\_\_\_\_ authorize any interested health care provider to Parent/Guardian render to the child named above, any and all medical treatment that such provider deems necessary, including hospitalization. Health care providers may include, but are not limited to: Athletic trainers, coaches, emergency medical technicians, nurses, and physicians.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency Telephone Number