

Student-Athlete Acknowledgement Form

The undersigned herewith formally acknowledges and declares the following:

I understand that participation in Intercollegiate Athletics at Indiana Tech may result in injury/illness, permanent physical or mental impairment or even death. I understand that Indiana Tech cannot be held responsible for any injuries or conditions that may be caused by the actions of other athletes or teams. I also understand that participation in athletics require a personal acceptance of risk of injury. I acknowledge the fact that these risks exist and I am willing to assume responsibility for any and all such risks while participating in Intercollegiate Athletics at Indiana Tech. I also agree to the following:

- A. I voluntarily assume all risks associated with my participation in Intercollegiate Athletics at Indiana Tech.
- B. I accept that Indiana Tech and its personnel are not to be held responsible for any pre-existing medical condition(s) that I may have.
- C. I understand that having passed a physician's physical examination does not necessarily mean that I am physically qualified to participate in Intercollegiate Athletics at Indiana Tech, but only that the evaluator(s) did not find a medical reason to **disqualify** me at the time of examination.
- D. I understand that I must refrain from practice while injured or ill, whether or not receiving medical care. When under medical care, I may not return to participation until I have been given permission, based on independent exercise of professional judgment, by the attending Team Physician(s) or his/her designate after review of my condition and fitness for the rigors of my sport.
- E. I understand and agree that if I experience an injury/illness or change in my health status it is **my** responsibility to inform my Head Coach and the Certified Athletic Trainer and adhere to the established injury management guidelines, which include rehabilitation and reassessments before I am released to return to full participation. I also understand that if the Certified Athletic Trainer does not receive timely notification (30 days) of my injury/illness I may lose the ability to utilize Indiana Tech's excess athletic insurance coverage. Failure to notify the Certified Athletic Trainer will jeopardize my ability to have medical care claims covered by Indiana Tech's athletic insurance coverage. The remaining balance may/will be the responsibility of the student-athlete or their legal guardian if timely notification followed.
- F. By signing below, I authorize the team physician, athletic trainer, an/or other medical personnel at Indiana Tech to release information on medical history, records of injury, surgery, illness, and results of rehabilitation as requested by the schools insurance carrier and/or by authorized Indiana Tech staff. I understand this information is confidential and will not be released to individuals other than the fore mentioned without my prior consent.

I HAVE READ, UNDERSTAND, AND VOLUNTARILY AGREE TO THE ABOVE STATEMENTS

Student-Athlete's Printed Name

Sport

Signature

Date

Parent/Guardian Signature (if under 18 years of age)