

## Shawnee State University

### Department of Intercollegiate Athletics and Athletic Training

#### Acknowledgement of Risk and Waiver of Liability/Medical Consent

I, \_\_\_\_\_, acknowledge and understand that there are risks in participating in intercollegiate athletics and I hereby agree to assume any and all risk of injury, associated with my participation in intercollegiate athletics. I will furthermore be liable for any injury suffered during tryouts, practices, games, open gyms or other Shawnee State University sanctioned activity associated with my participation in intercollegiate athletics at SSU. I further agree that I will do my best to reduce the risk of injury by keeping myself in the best possible physical condition and following the advice of the attending physician, athletic training staff, other medical personnel associated with Shawnee State University and/or coach concerning the prevention, treatment and rehabilitation of athletic injuries. I also consent to receive any medical treatment deemed necessary by the Athletic Training Staff at Shawnee State University, any such treatment in no way confers liability to Shawnee State University. Permission is hereby granted to the attending physician, sports medicine staff, or other medical personnel associated with Shawnee State University to proceed with any medical or minor surgical treatment, x-ray examination and immunizations. In an event of serious illness, I understand that an attempt will be made by the appropriate medical personnel to contact the parents or legal guardian. If medical personnel are not able to communicate with the responsible party the treatment necessary for the best interest of the student-athlete may be given.

Student-Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(If student-athlete is under the age of 18)