

Shared Responsibility for Sport Safety/ Assumption of Risk/ Warning of Injury

Participation in sports requires an acceptance of risk of injury. Athletes rightfully assume that those who are responsible for the conduct of sport have taken reasonable precautions to minimize the risk of significant injury. Some sport safety problems lend themselves to identification and solution (heat stroke and the administration of liquid freely during early season practice). Some safety problems may be less clearly identified (e.g. head injuries). Some safety problems remain because of questionable compliance. Athletes rightfully assume that those who with legislated solutions (e.g. dental mouthguards).

I, the undersigned, hereby expressly and affirmatively state that I wish to participate in Rocky Mountain College Athletics. I realize that my participation in athletics involves risks of injury and even the possibility of death. I also recognize that there are many risks of injury including serious disabling injuries which may arise due to my participation in RMC athletics and that it is not possible to specifically list each and every individual injury risk. However, knowing the material risk and appreciating the possibilities, I hereby expressly assume shared responsibility for the risks of injury which could occur by reason of my participation.

I have had an opportunity to ask questions before signing this statement. Any questions which I have asked have been answered to my complete satisfaction. I subjectively understand the risks of participation in this activity and knowing and appreciating these risks I voluntarily choose to participate, assuming shared responsibility of risks of injury or even death due to my participation throughout my career at Rocky Mountain College.

Signature: _____ Date: _____

Medical Treatment Consent

I have completed and reviewed the Medical History Report and affirm that it is true and correct to the best of my ability. I/we hereby grant permission to Rocky Mountain College, its physician(s), and/or athletic trainer(s) to render and/or authorize preventive care, first aid, treatment, rehabilitation and/or emergency treatment deemed reasonably necessary to protect the health and well being of (athlete's name)_____.

Emergency care may include the hospitalization, treatment, or surgery at a competent and/or accredited facility when necessary for the protection of the athlete's health and well-being.

Athlete's Signature _____ Date: _____
Parent or Guardian _____ Date: _____
(must be signed by parent or guardian if athlete is 17 or under)
