

**HANOVER COLLEGE SPORTS MEDICINE
ATHLETIC PARTICIPATION ASSUMPTION OF RISK**

The undersigned formally acknowledges and declares the following Shared Responsibility Statement:

I understand that participation in sport-related training requires a personal acceptance of risk for injury. Athletes generally expect those responsible for the conduct of sport take reasonable precautions to minimize injury risk and that their peers participating in the sport will not intentionally inflict wrongful harm upon them. _____ (initial)

I understand that athletic participation at Hanover College may result in injury, illness, permanent physical or mental impairment, or even death. These injuries may be minor or may be career or life-threatening. I understand that Hanover College cannot be held responsible for any injuries or conditions that may occur as a result of actions by other athletes or teams. I also understand that injuries may be caused by my own failure to follow safety procedures or precautions that are made known to me by my coaching staff, athletic training staff, or by strength and conditioning personnel, or are otherwise known to me from another source, including but not limited to medical personnel of Hanover College. _____ (initial)

I have read the above Shared Responsibility Statement. I understand that there are certain inherent risks involved in participating in athletic-related training. I acknowledge the fact that these risks exist and I am willing to assume responsibility for any and all such risks while participating in athletic-related training at Hanover College. I also agree to the following:

1. I voluntarily assume all risks associated with my participation in voluntary athletic-related training. _____ (initial)
2. I accept that Hanover College and its personnel are not to be held responsible for any pre-existing medical conditions that I may have. _____ (initial)
3. I understand that passing the pre-participation physical exam does not necessarily mean that I am physically qualified to participate in athletic-related training at Hanover College, but only that the evaluator did not find a medical reason to disqualify me at the time of the pre-participation physical exam. _____ (initial)
4. I understand that I must refrain from practices and competitions while injured or ill, even if not receiving medical care. When under medical care, I may not return to participation until I have been given permission based on an independent exercise or professional judgment by a Certified Athletic Trainer, Team Physician, or my designated medical representative. _____ (initial)
5. I understand and agree that if I experience an injury or illness or a change in my health status, it is my responsibility to inform the supervising coach AND Athletic Training Staff, and to adhere to the established injury management guidelines, which include total rehabilitation and reassessments before I am released to return to full participation. _____ (initial)
6. I understand that I must wear the appropriate equipment as dictated by the rules of my sport and supervising coach. I may also have to wear padding or braces as indicated by the Athletic Training Staff or other medical personnel. Failure to do so may put me at risk for further injury. _____ (initial)

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

Student Signature: _____	Date: _____
Printed Name: _____	Date of Birth: _____
ATC Signature: _____	Date: _____
Parent/Guardian Signature: _____	Date: _____
(required if the student is under the age of 18)	