

# Armstrong Atlantic State University Athletic Training

## ACCEPTANCE OF RISK/ LIABILITY WAIVER

- A. The undersigned hereby certifies that the answers to the Medical History questionnaire are correct, true, and honest.
- B. Understands that having passed a medical physical does not necessarily mean that he/she is physically qualified to engage in athletics, but only the examiner did not find a medical reason to disqualify him/her.
- C. Understands that he/she must refrain from practices or games during medical treatment until he/she is discharged from treatment by the team Physician(s) and/or Athletic Training Staff.
- D. Understands that Armstrong Atlantic State University's Athletic Training Staff may review the medical history questionnaire and physical examination form to determine if there is any sports injury or illness which may interfere with or affect his/her ability to participate.
- E. Understands and accepts the risks of injuries, permanent disability and death which are inherent in athletic participation. By signing below he/she pledges to do the best to reduce these risks by keeping in the best possible condition and following the advice of the team Physician, attending Physician, Certified Athletic Trainer, and Coach concerning the prevention, treatment, and rehabilitation of athletic injuries.
- F. Will promptly notify the Athletic Training Staff of any changes in his/her health status, including injuries and illness occurring during the off season and summer.
- G. I grant permission to the Athletic Training Staff to hospitalize and/or secure treatment for myself for any athletic injuries. If the athlete is under the age of 18, the undersigned parent grants permission for the Athletic Training Staff to hospitalize and/or secure treatment for their son/daughter for any athletic injury.

**We, the undersigned, have read and understand the proceeding medical policy statement and agree to follow its procedures. We also hereby release Armstrong Atlantic State University, its agents and employees from any liability caused by or arising from the participation in the Armstrong Atlantic State University collegiate athletic program.**

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_