

CLEVELAND STATE UNIVERSITY
DEPARTMENT OF ATHLETICS
ATHLETE INFORMATION, CONSENT, and RELEASE FORM

Name: _____
SS#: ____-____-____

Sport(s): _____
Birthdate: _____

Initial Each Section in Acknowledgement that you have read and understand.

Medical Consent:

_____I hereby grant permission to the Cleveland State University Athletic Medicine Staff and/or Team Physicians/Consultants to provide medical care to myself in the event that I become injured while participating in intercollegiate athletics. I understand that any treatment or medical or surgical care that is provided to me will be done only if it is considered medically necessary for the health and well being of me, the student-athlete.

Authorization to Release Information of Injury or Illness Information to the Media and/or Professional Sports Organizations:

_____I hereby authorize the Cleveland State University Athletic Medicine Staff, Team Physicians and Coaches to release information about my (or my son's/daughter's) medical condition, and any injury or illness I may experience, as such relates to my past, present or future participation in University athletics, to the University's Sports Information Department and other public media.

_____I hereby authorize and request Cleveland State University Athletic Medicine Staff and/or their consulting physician(s) to furnish any and all requested information to the Cleveland Clinic Foundation physicians, professional teams, their agents, scouts, or athletic trainer's which directly pertains to my athletic participation in athletics at Cleveland State University. Said authorization shall include, but is not limited to: information concerning my physical condition, illnesses, injuries, treatments, hospitalizations, examinations, x-rays, or other forms of diagnostic testing. I hereby fully discharge all parties to whom this authorization extends from any and all penalties of breach student-athlete confidentiality. This authorization period is effective *August 1, 2007 - July 31, 2008*. Additionally, I understand that an additional release form may be required to release information to outside entities in the event that an injury occurs outside of Cleveland, Ohio.

Acknowledgement of Risk Associated with Sport Participation:

_____I understand that there is risk of injury or death arising from my participation in intercollegiate sports and that even though proper coaching techniques are used, rules are adhered to, and protective equipment is used, the possibility of an accident still exists. To decrease the risk of injury, I understand that equipment must be worn properly and that I must adhere to all instructions and all rules applying to my sport. I agree to do so. Participants can and have the responsibility to help reduce the chance of injury. **I FURTHER AGREE TO OBEY ALL SAFETY RULED, REPORT ALL ATHLETIC INJURIES TO THE CERTIFIED ATHLETIC TRAINER'S, FOLLOW A PROPER CONDITIONING/STRETCHING PROGRAM AND INSPECT ALL EQUIPMENT DAILY.**

_____I further understand that **BY ITS NATURE, PARTICIPATION IN INTERCOLLEGIATE ATHLETICS INCLUDES A RISK OF INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG TERM CATASTROPHIC, INCLUDING PERMANENT PARALYSIS FROM THE NECK DOWN OR DEATH.** Although serious injuries are not common in supervised intercollegiate athletics activities, it is possible only to **minimize**, not eliminate the risk.

I have Read and Understand the above consents, releases, and this warning.

Student-Athlete Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ Date: _____

(IF Student Athlete is under 18 years of age)