

LONG BEACH STATE ATHLETIC MEDICINE

Informed Consent, Acknowledgement and Assumption of Risk

I. Acknowledgement Waiver: I am aware that playing or practicing to play/participate in intercollegiate athletics can be a dangerous activity involving MANY RISKS OF INJURY. I understand that the dangers and risks of playing or practicing to play/participate in intercollegiate athletics include, but are not limited to, death, serious neck and spinal injuries that may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of my body, general health and well-being. I understand that the dangers and risks of playing or practicing to play/participate in intercollegiate athletics may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities and to generally enjoy life. I acknowledge that this is not an all-inclusive list of all risks of injury that may be sustained due to participation in athletic activities.

I also acknowledge that it is essential for my well being that I not participate or practice to play/participate in intercollegiate athletics unless I am in good health and physical condition. With this in mind, I have correctly answered the questions of the Medical History Questionnaire and I have advised the Athletic Medicine Staff and/or Team Physician of any limitations on my activities for medical reasons. This includes, but is not limited to cardiac issues, concussions, medication/supplement use and sickle cell trait or anemia.

Because of the dangers of participating in intercollegiate athletics, I recognize the importance of following the coaches' instructions regarding playing techniques, training, and other rules, etc., and agree to obey such instructions. I also recognize the importance of following orders given by the team physicians and certified athletic trainers regarding any limitations or treatments they feel are necessary for my health and well-being. I shall report any injury or illness to the medical staff, including but not limited to signs and symptoms of concussion, immediately upon onset.

In consideration of Long Beach State permitting me to tryout for and/or for participating on Long Beach State intercollegiate athletic teams and to engage in all activities related to the team, including but not limited to, trying out, practicing or play/participating in that sport, I hereby assume all the risks associated with participating and agree to hold harmless the State of California, Trustees of the California State University, California State University, Long Beach, California State University Foundation and all officers, employees, volunteer and agents of each of them from and against any and all liability, actions, causes of action, debts, claims or demands of any kind and nature at all that may arise by or in connection with my participation in any activities related to the Long Beach State intercollegiate athletic teams.

The terms hereof shall serve as a release and acknowledgement of my assumption of risk for my heirs, estate, executor, administrator, assignees, and all members of my family and anyone who can assert a claim on my or their behalf.

_____Initials

II. Authorization to Provide Medical Care: I hereby consent to permit the Long Beach State Athletic Training Staff (and/or) designee at away contests and the Head Coach of the sport I am participating in to provide emergency first-aid or medical treatment to me, including hospitalization and physician follow-up according to their best judgment, in the event I suffer an injury or illness while playing or practicing to participate in intercollegiate athletics. Per department policy, all medical and dental expenses related to injuries/illnesses that occur outside of Long Beach State intercollegiate activity will be the responsibility of the individual athlete.

_____Initials

III. Travel: I am aware of the risks associated with traveling to/from and participating in these sport/activities, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence: conditions related to travel: or conditions of the sport/activity location(s). Nonetheless, I assume all relate risks, both known and unknown to me, of my participation in this sport/activity, including travel to, from and during.

_____Initials

We have read, understand the information as stated and voluntarily authorize and acknowledge the above activities.

Date Signature of Student Athlete

Date Signature of Parent/Legal Guardian (REQUIRED IF under 18 years of age)

PLEASE PRINT NAME:

LAST, FIRST MI

Rev 5/10