

UNIVERSITY OF MARYLAND SPORTS MEDICINE DEPARTMENT
Medical Examination & Authorization Waiver

I, the undersigned, hereby acknowledge, affirm, and represent the following:

A. PRESENT PHYSICAL CONDITION:

I have previously warranted and represented to **University of Maryland Athletic Department** that I am in excellent physical condition. Upon reporting to the University of Maryland, I completed a "Health History Questionnaire" form and was examined by a University of Maryland Team and/or consulting physician and/or his/her designee. Recognizing that my true physical condition is dependent upon an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries, ailments, and/or disabilities experienced, I hereby affirm that I have fully disclosed in writing my prior medical history; that my Health History Questionnaire Form was fully and accurately completed; that all of my present symptoms, complaints, ailments, disabilities, and/or prior injuries have been disclosed in writing to and discussed with an University of Maryland Team and/or consulting physician and/or his/her designee; and that I am not suffering from any complaints, prior injuries, ailments, disabilities, conditions, or problems not so disclosed and discussed. Furthermore, I consent to laboratory analysis, urine screen, blood chemistry, orthopedic, internal, and any other examination deemed necessary to determine my physical/mental condition.

B. FUTURE COMPLAINTS:

I acknowledge and agree that all future injuries, medical/dental/mental problems, ailments, complaints, re-injuries, and aggravations of old injuries must be immediately reported to the University's Team Physician, the Assistant Athletic Director- Sports Medicine, and/or a member of the University of Maryland Sports Medicine Department, no matter how minor or insignificant I may deem them to be.

C. MEDICAL TREATMENT:

I hereby authorize the University of Maryland team physicians, athletic trainers, and designated medical staff to examine and treat any injuries, which may occur, while participating in intercollegiate athletics for the University of Maryland. I authorize the team physicians, athletic trainers, and designated medical staff to communicate with athletic department officials and coaching staff regarding their findings and recommendations. I further understand that the team physician and/or his/her designee have the authority to eliminate me from participation as a student-athlete due to an injury/illness, and/or due to undue liability risk of the University of Maryland.

D. STATEMENT OF MEDICAL INSURANCE:

I understand that as a student-athlete at the University of Maryland, I should be covered by some type of individual health insurance before participating in any strength and conditioning session, practice, game, and/or competition. This insurance shall be considered the **PRIMARY** insurance coverage for all athletic related injuries. I understand that the University of Maryland Department of Intercollegiate Athletics and the National Collegiate Athletic Association (NCAA) will provide a medical and catastrophic insurance program for student-athletes injured in practices, games or competitions, and/or related travel that was supervised by approved University coaching staff and approved by the Director of Athletics according to NCAA regulations. **THIS POLICY, HOWEVER, IS SECONDARY TO, OR IN EXCESS OF, THE STUDENT-ATHLETE'S INDIVIDUAL HEALTH INSURANCE AND WILL COVER RELATED EXPENSES FOR 104 WEEKS AFTER THE INITIAL DATE OF INJURY.** In addition, I further understand and agree that the insurance of the University of Maryland Department of Intercollegiate Athletics is not effective for an aggravation or re-injury to a preexisting injury, and therefore, the State of Maryland, University of Maryland, and their officers, employees, and agents will not be liable for any expenses resulting from such injury, regardless of its disclosure to the team physician(s) and/or members of the Sports Medicine Department.

E. AGREEMENT TO PARTICIPATE:

I am aware that playing, practicing, training, and/or other involvement in any sport can be a dangerous activity involving MANY RISKS OF INJURY, including, but not limited to the potential for catastrophic injury. I understand that the dangers and risks of playing, practicing, or training in any athletic activity include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis or brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular-skeletal system, and serious injury or impairment to other aspects of my body, general health and well-being. Because of the aforementioned dangers of participating in any athletic activity, I recognize the importance of following all instructions of the coaching staff, strength and conditioning staff, and/or Sports Medicine Department. Furthermore, I understand that the possibility of injury, including catastrophic injury, does exist even though proper rules and techniques are followed to the fullest. I also understand that there are risks involved with traveling in connection with intercollegiate athletics.

In consideration of the University of Maryland permitting me to participate in intercollegiate athletics and to engage in all activities and travel related to my sport, I hereby voluntarily assume all risks associated with participation and agree to hold harmless, indemnify, and irrevocably and unconditionally release the State of Maryland, University of Maryland, and their officers, agents, and employees from any and all liability, any medical expenses not covered by the University of Maryland Department of Intercollegiate Athletics' medical insurance coverage, and any and all claims, causes of action or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to intercollegiate athletics.

The terms hereof shall serve as release and assumption of risk for my heirs, estate, executor, administrator, assignees, and all members of my family.

F. AUTHORIZATION:

I fully understand that this authorization shall be effective and valid for one year (52 weeks) after the termination of my playing and/or academic career at the University of Maryland.



**Department of Intercollegiate Athletics
Sports Medicine**

I hereby attest that I have read and fully understand the University of Maryland Sports Medicine Department's Medical Examination and Authorization Waiver. Further, I agree to abide by all the requirements set forth, and I understand that failure to abide by the requirements could result in unfavorable health consequences.

Student-Athlete Signature

Date

Student-Athlete Print Name

Sport

Parent/Guardian Signature (*if under 18 years of age*)

Date

Parent/Guardian Print Name

Witness

Date