



### Acknowledgement of Risk Statement

The purpose of the following statement is to inform you, as a prospective Student Athlete at the University of Texas-Pan American, of the potential risks associated with participating in intercollegiate athletics. There exists the possibility that you, as an athlete, may incur an injury, the nature of which may be serious enough to have long-term or even permanently disabling effects (These may include ankle, knee, shoulder, or even head, neck and/or back).

The University of Texas-Pan American is concerned about your personal safety and well being and is accepting the responsibility of attempting to keep the risks of injury to a minimum. Adequate measures have and will be taken regarding injury prevention to include pre-participation physical exams, proper coaching techniques and instruction, supervision of the safety aspects of our facility and equipment, and providing accident insurance coverage.

I \_\_\_\_\_, willfully acknowledge the University’s attempt to  
 Clearly Print First and Last Name

inform me of the potential risks of injury involved in my participation in intercollegiate athletics. I am willing to accept the aforementioned risks, and agree to share the responsibility with the University, by taking personal preventative measures and adhering to all recommended safety/equipment guidelines for my safety and the safety of my peers.

### Student Athlete Authorization/Consent for Disclosure of Protected Health Information (PHI)

I \_\_\_\_\_, hereby authorize the University of Texas – Pan  
 Clearly Print First and Last Name

American and its physician affiliates, athletic and other healthcare personnel to disclose my protected health information and any related information regarding any injury or illness during my training for and participation in intercollegiate athletics to the following:

**Your initials below indicate your agreement to the release of your PHI in each category:**

*My Personal Medical Insurance* For the use of electronic transmission, US post mail, or facsimile involving billing, reimbursement, benefits eligibility and plan-eligibility issues. **Authorization in this category is required to participate in athletics at UTPA.**

*Parents/Guardian* Should the parents/guardian inquire as to the extent of an injury or illness, you are allowing UTPA athletics representatives to discuss your condition.

*My Coaches* Should this information be pertinent to my safety and participation in athletics at UTPA.

I also allow any treating physicians or other medical facilities to disclose my medical records to the Sports Medicine Department at UTPA for purposes of continued quality of care during my athletic participation at that institution.

I understand that my injury/illness information is protected by federal regulations under either the Health Information Portability and Accountability Act (HIPAA) or the Family Educational Rights and Privacy Act (FERPA) of 1974 (the Buckley Amendment) and may not be disclosed without either my authorization under HIPAA or my consent under the Buckley Amendment.

This authorization/consent expires 380 days from the date of my signature below, but I have the right to revoke it in writing at any time by sending written notification to the Head Athletic Trainer at UTPA. I understand that a revocation is not effective to the extent action has already been taken in reliance on this authorization/consent. My signature below also acknowledges that I understand and accept the potential risks associated with my athletic participation mentioned above.

\_\_\_\_\_  
 Student Athletes Signature Printed Name Date

\_\_\_\_\_  
 Signature of Parent or Guardian (Minors only) 6 Date