



GENEVA COLLEGE

ASSUMPTION OF RISK, CONSENT TO TREAT, HIPPA AUTHORIZATION, RANDOMIZED DRUG TESTING FORM

Assumption of Risk

I am aware that playing or practicing in any sport can be a dangerous activity involving many risks of injury. I understand that the dangers and risks of playing or practicing in athletics at Geneva College 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, other aspects of the musculoskeletal system, and serious injury or impairment to other aspects of my body, general health, and well being. Because of the dangers in participating in athletics, I recognize the importance of following the coach's instruction regarding playing techniques, training, rules of the sport, other team rules, and the importance of obeying such instruction. Student-athletes rightfully assume that those who are responsible for the conduct of the sport have taken responsible precautions to minimize such risk and that their peers participating in the sport will not intentionally inflict injury upon them. In consideration of Geneva College permitting me to practice, play, or try out for an intercollegiate team, and to engage in all activities related to the team, including practicing, playing, and travel, I hereby voluntarily assume all risks associated with participation.

Consent to treat

I understand that if I experience an injury/illness then it is my responsibility to inform my Head Coach and the Certified Athletic Trainer immediately. I consent to the Geneva College Athletic Trainers and/or medical personnel to perform all medical treatment deemed necessary to treat and rehabilitate any injury or illness that I may incur during the intercollegiate athletic seasons. I also understand that should I become injured during my participation in intercollegiate athletics, that I will not be allowed to return to my sport until I am cleared by the members of the Geneva College Athletic Training Staff and/or other approved medical personnel.

Secondary Insurance Acknowledgement

It is also understood that any preexisting injury will not be covered by the Athletic Insurance nor will the Athletic Department or Health Care Provider of Geneva College assume the responsibility.

HIPPA Authorization

I understand my rights under the federal regulations mandated by the Health Insurance Portability and Accounting Act (HIPPA) and I authorize Geneva College's Athletic Training Staff to provide to my parents or guardians, coaches, the NCAA, durable medical equipment representatives, insurance company representatives, university personnel, and medical personnel, all information concerning my health care, injury, rehabilitation, treatment, and health status. This information is to be used for the following purposes: advising persons of my health or injury status for further medical treatment; accessing the insurance coverage under the policy that covers medical treatment and costs for me; advising the coaching staff of my health status and restrictions on my ability to participate; and research and administration of the Sports Injury Monitoring System.

Random Drug Testing

The Geneva College Athletic Department drug testing policy can be found on the Sports Medicine page of the Geneva College Athletics website. Each student athlete will have an opportunity to review the policy at the pre-season meeting held with the Athletic Director and Sports Medicine Staff. I understand that by signing this form I am consenting to participate in random drug testing by the Geneva College Athletic Department.

It is my choice to sign or not sign this agreement. I cannot be denied treatment for refusing to sign. However, I understand that by choosing to not sign this document, I am choosing not to participate in intercollegiate athletics at Geneva College.

By printing and signing your name and date below, you attest that you have read and understand the information included on this form. You also agree that you have truthfully answered any questions to the best of your knowledge.

STUDENT-ATHLETE NAME (PRINT)

STUDENT-ATHLETE (SIGN)

(DATE)

PARENT/GUARDIAN NAME (PRINT)

PARENT/GUARDIAN (SIGN)

(DATE)