

ATHLETE’S STATEMENT OF RISK AND PERMISSION TO TREAT

Student Athlete Name: _____ **Date of Birth:** _____

SSN: _____ **Sport(s):** _____

AGREEMENT

I, _____, voluntarily elect to participate in one or more athletic programs at Southwestern Assemblies of God University. Athletic programs include conditioning, training, practice, scrimmages, intramural and sanctioned intercollegiate NAIA competitions. I understand that there are risks associated with my voluntary involvement in sports and/or athletic programs. Risks include, but are not limited to heat exhaustion, dehydration, loss of consciousness, fainting, loss of eyesight, dismemberment, broken bones, concussions, ligament tears, muscle strains, pulled muscles, joint dislocations, partial paralysis, full paralysis, or death.

I understand that Southwestern Assemblies of God (SAGU) does not provide, and is not obligated to provide, any insurance that covers medical costs associated with injuries occurring during my participation in athletic programs. SAGU may secure a secondary insurance policy. If it has elected to do so, the policy covers injuries as described in the attached document. I understand that this policy only pays claims after all claims have been filed with primary insurance and only after primary insurance limits have been exhausted.

Southwestern Assemblies of God University has also elected to participate in the catastrophic insurance program mandated by the NAIA. This policy provides coverage for claims in excess of \$25,000 as described by the program (see attached documents). The first \$25,000 must be paid by my primary insurance, or a culmination of my primary and Southwestern Assemblies of God secondary coverage.

I have understand and agree with the above: Initial _____

TREATMENT PERMISSION

I grant permission for treatment deemed necessary for any condition arising during participation in these activities, including medical or surgical treatment recommended or instituted by physicians, athletic trainers, and other trained allied health personnel.

I also grant permission to any physician or medical institution to release records regarding my medical or health condition to the care of the Head Athletic Trainer. I understand that all records will be kept in confidence and only released when pertinent to filing of insurance claims.

I have understood and agree with the above: Initial _____

RELEASE

I understand that to be allowed to participate and/or receive instruction in sports or activities, I must give up my right to hold SAGU, its Board of Regents, faculty, employees, agents and volunteers liable for any injury or damage that I may suffer while participating and/or receiving instruction in this sport or activity.

I have fully read this document and I fully understand the words and language in it. I have been advised of the potential dangers incident to participating and/or receiving instruction in this sport or activity.

I understand and agree that this agreement will be binding on me, my spouse, my heirs, my personal representatives, my assigns, my children and any guardian ad litem appointed for my children.

I have understood and agree with the above: Initial _____

By my signature, I agree with all parts of this agreement.

Athlete’s Signature

Printed Name

Date