Arcadia University Athletics
Informed Consent

I, _____ verify that I have been informed that I may be injured while participating in intercollegiate athletic practice or competition. I understand that it is possible that I may sustain an injury that may result in permanent disability, paralysis, or possible death. I understand that paralysis may include the loss of movement, feeling, and use of my arms, legs, and trunk. I further understand that paralysis may involve complete loss of bowel or bladder control that would require the insertion of external aides into my body for the collection and removal of bodily wastes. _____ (initial)

I understand that paralysis and its effects could last my entire lifetime. _____ (initial)

In addition, I understand that any injury to any of my body joints, ankle, hand, knee, hip, wrist, etc, may result in disfigurement, loss of movement, loss of strength, or loss of feeling which may last my entire lifetime. _____ (initial)

I understand that it is my responsibility to adhere to all rules and regulations of my chosen sport(s). I also understand that it is my responsibility to wear all required equipment and that no modification of equipment or uniform is to be made. I also understand that I am not to touch an injured teammate or opponent as further injury may result. _____ (initial)

Further, I understand that it is my responsibility to report faulty or ill fitting personal equipment immediately to the head coach. I also understand that I am to report potentially injurious hazards in or on athletic facilities and locker rooms to my head coach. _____ (initial)

I understand that all injuries and illnesses are to be reported to the athletic trainers. I also understand and agree that follow-up care, rehabilitation, and preventative first aid procedures must be followed as the athletic training staff dictates. _____ (initial)

I understand and give permission to Arcadia University Athletic Training Staff, team physicians, and/or consulting physicians to render any treatment that may be necessary regarding my health and well being. _____ (initial)

I authorize the athletic training staff and/or medical staff to render any necessary medical services.
_____ (initial)

I understand that my sport(s) require the minimum level of physical fitness for safe participation. I also realize that all injuries are not preventable despite taking all necessary precautions. I also understand that the final decision as to when I can return to competition rests with the Athletic Training Staff. _____ (initial)

I have received a copy of the Arcadia University student athlete handbook and understand and accept all of the specified policies and procedures. _____ (initial)

I have read and understand the accompanying Arcadia University Intercollegiate Athletic Program Release and Wavier of Liability, Assumption of Risk, and Indemnity Agreement. _____ (initial)

I therefore consent to participate acknowledging all of the foregoing risks.

_____	_____	_____
Signature of Student Athlete	Date	Age

_____	_____
Signature of Parent/Guardian (if under age 18)	Date

_____

Sport(s)