

**Heidelberg College
Athletic Training Room**

**Please read, sign, and return to us the following consent form.
If you are less than 18 years of age, we need parental consent as well.**

ACCEPTANCE of RISK/MEDICAL AUTHORIZATION

I am aware that trying-out, practicing or playing in any intercollegiate sport may be a dangerous activity involving many risks or injury. I understand that the dangers and risks include, but are not limited to, death, serious head, neck and spinal injuries, paralysis, injuries or impairment to the musculoskeletal system or other aspects of the body, general health and well-being.

Because of the dangers of participating in sports, I recognize the importance of following the instructions and guidance of the athletic department personnel regarding playing techniques, training, rules of the team and sport, equipment, and obey such rules. I also acknowledge that some sports are classified as violent contact sports involving even greater risk of injury than other sports.

I hereby grant permission to the Heidelberg Team Physicians and/or their consulting physicians to render to myself (son/daughter) any treatment, medical or surgical care that they deem reasonably necessary to my (his/her) health and well-being. All approval of final medical clearance is determined by the Heidelberg Team Physicians.

I also hereby authorize the Heidelberg Athletic Training Staff, who are under the guidance and direction of the Heidelberg College Team Physicians, to render to myself (son/daughter) any preventative measures for injuries, first aid, treatment, management, and rehabilitation of athletic injuries and emergency treatment that they deem reasonable and necessary to my (his/her) health and well-being. Including practices, games, and travel. Athlete's noncompliance can and will result in termination of care by the medical staff.

I grant permission for hospitalization if deemed necessary at an accredited hospital.

Athlete's Signature _____

Sport _____

Athlete's Printed Name _____

Date _____

Parent/Guardians Signature _____
(if athlete is under 18)

Date _____

**Please remit this form to:
Stoner Health Center
Heidelberg College
310 East Market Street
Tiffin OH 44883-2462**