University of Hartford Sports Medicine
Sports Medicine Services, Medical Authorization, Assumption of Risk & Health Disclosure

Note to Student Athlete and Parent/Guardian: Please read, sign and return with other Sports Medicine paperwork.

A. Sports Medicine Services
I understand that the sports medicine staff’s primary focus is preventing injury as well as treating and rehabilitation of injuries. I also understand that they will develop a rehabilitation program to fit the student-athletes’ needs for a quick recovery and are assigned to attend practices and competitions with priority given to in-season, collision or high-risk sports. University of Hartford physicians do not attend all practices and competitions; however, they are immediately available via their office phones and cell phones.
I acknowledge that all athletic injuries and illnesses are to be reported immediately to the sports medicine staff for evaluation, care, and referral. The Sports Medicine staff assesses the immediate needs and gives authorization to receive medical care from one of the following: Team Physicians, Health Services, and Outside Physicians. No one else within the Athletics Department is allowed to authorize any type of care or referral. The student-athlete is responsible to report back to the sports medicine staff with information regarding the doctors’ visit and follow-up care. Failure to do so will result in being withheld from participation.

_____athlete initials

B. Assumption of Risk
In consideration and as a condition of my participation at the University of Hartford in activities with an athletic team, which include but are not limited to training, trying out, practicing, competing, and traveling, I freely acknowledge that I am aware of and accept the risks associated with such participation and that my participation in such activities is voluntary.
I fully realize the dangers of participating in such activities and fully assume the risks associated with such participation, which may include, but are not limited to, the possibility of serious physical and/or mental trauma or injury, the onset of serious physical and/or medical conditions, and paralysis, which may require surgery or other medical treatment, and which may be caused in whole or in part by numerous factors, including my medical or physical condition, the actions or inactions of other athletes, the conditions of premises, and the negligence of entity or individuals released hereby. I waive, release and discharge for myself, my heirs, executors, administrators, legal representatives, assignees and successors in interest any and all rights or claims for injuries or losses of any description that I may have or which may hereafter accrue to me against the University of Hartford, employees, or agents, in connection with my participation in activities associated with University of Hartford athletic teams.

_____athlete initials

C. Medical Authorization
I grant permission to The University of Hartford athletic trainers, physicians, and/or other medical practitioners to render any preventative, emergency, surgical, or rehabilitative medical treatment or care deemed reasonable and necessary for my health and well-being, and to arrange for my hospitalization where reasonable and necessary, in circumstances connected with my participation in activities with a University of Hartford athletic team which I am a participant.

_____athlete initials

D. Disclosure of Health Conditions
I authorize the Sports Medicine staff or any such person that they may designate, permission to contact and discuss my health or medical condition with my parents, guardian or immediate family member in the case of a health emergency on my part. A health emergency shall include, but is not limited to, experiencing serious physical or mental difficulties, requiring hospitalization or treatment for any serious physical or mental ailment, injury, disorder or other health condition which the Head Athletic Trainer or the Head Coach believes in good faith to be of a serious nature.

_____athlete initials

In the event of any injury or emergency medical condition, I hereby authorize the University of Hartford Sports Medicine staff or Team Physician(s) to contact my parents.  Agree  Disagree

By signing below I have read, understand and approve of Part A, B, C and D above.

Student-Athlete Signature __________________________ Date ______________________

Parent/Guardian Signature __________________________ Relationship __________________________ Date ______________________