

**OLIVET NAZARENE UNIVERSITY ATHLETIC DEPARTMENT
ACCEPTANCE OF RISK/LIABILITY**

1. Certifies that he/she has submitted a completed medical/physical examination to the Athletic Training Department and/or Student Health Center as required.
2. Understands that having passed a physical examination does not necessarily mean that he/she is physically qualified to engage in athletics, but only that the examiner did not find a medical reason to disqualify him/her.
3. Understands that the Olivet Nazarene University Athletic Training Staff and Team Physicians may review the health history questionnaire and physical examination and if necessary, require a follow-up examination or, further evaluation for injury or illness that may interfere/affect athletic participation. If such injury or condition warrants, athletic activity maybe restricted, limited or even discontinued by the ONU Athletic Training Staff and Team Physician.
- 4 Understands that all injuries/illnesses or medical conditions that occur during intercollegiate athletics must be reported to the staff athletic trainers for evaluation, treatment, care and rehabilitation. The athletic training staff will perform the necessary medical services per protocol of the team physician or medical director for the athletic training department. The staff athletic trainers shall make the decision for all medical referrals. Athletes needing formal physical therapy will have such service provided by local physical therapy at the discretion of the athletic training staff.
5. Understands that he/she must refrain from practices, conditioning or games during medical treatment or rehabilitation until permitted or discharged from such care by both the team physician and the athletic training staff. The final decision to return to play for an injury, illness, or condition will be made by the athletic training staff and the attending team physician.
6. Understands and accepts the risks of injury, permanent disability, and death inherent in his/her sport. By signing below, he/she pledges to do the best to reduce these risks by keeping in the best possible condition and following the advice of the team physician, attending physician, athletic training staff, and coach concerning prevention, treatment and rehabilitation of athletic injuries.
7. Understands that even with the best of coaching, use of protective equipment, proper playing techniques, and strict observance of the rules, injuries are still a possibility. On rare occasion, these injuries can be so severe as to result in disability, total disability, paralysis, quadriplegia, or even death.
8. The undersigned grants permission to the athletic training staff to hospitalize, provide care, and secure treatment for any injuries, illnesses or conditions that may occur. If I am currently under 18, the undersigned parent grant permission to the athletic training staff to hospitalize, provide care, and secure treatment for any injuries, illnesses or conditions that may occur to my son/daughter or ward.
9. I give permission to the athletic training staff and the student health service department my permission to release, written and/or orally any and all information concerning my injuries, illness or conditions to one another.

We/I the undersigned, have read and fully understand the preceding medical policy statements and warnings and agree to its procedures and risks. We/I hereby release Olivet Nazarene University, its agents and employees, particularly the Athletic Training Staff, from any liability caused by, or arising out of my athletic participation in the Olivet Nazarene University Athletic Program.

Print Name: _____ Sport: _____
Athlete Signature: _____ Date: ____/____/____
Parent Signature: _____ Date: ____/____/____