

Acceptance of Risk/Liability Waiver

- A. The undersigned hereby certifies that the answers to the attached Baker University Sports Participation Physical and Insurance Questionnaire are correct, true, and honest.
- B. Understands that having passed the 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.
- C. Understands that he/she must refrain from practices or games during medical treatment until he/she is discharged from treatment by both the Team Physician and the Athletic Trainer, and/or supervising Physician in respect to the current medical condition or injury.
- D. Understands that the university's Team or Campus Physician and Athletic Trainers may review this questionnaire and physical examination, and if necessary, require additional testing or examinations before clearing and athlete to participate.
- E. Understands and accepts the risks of injury, permanent disability, and/or death inherent to their sport. By signing below he/she pledges to do their best to reduce risks by using proper techniques in play and conditioning, keeping in the best possible condition, and following the advice of the Team or Campus Physician, Athletic Trainers, and Coaches concerning the prevention, treatment, and rehabilitation of athletic injuries and illnesses.
- F. Will promptly notify the sports medicine staff of any changes in his/her health status, including injuries, illnesses occurring during the off-season and summer.
- G. I, by signing below, grant permission to the Sports Medicine and/or Coaching staff to secure treatment, ambulance transportation or Emergency Medical Care in the event of a severe/catastrophic athletic injury.
- H. I grant permission to the Sports Medicine staff, Baker University Student Health Services and my respective coach to communicate to one another, written and/or orally, any athletic related information concerning injuries and illnesses that affect my athletic involvement.
- I. I understand that the secondary insurance that Baker University provides for athletic injuries is not all inclusive and that the student/parent may be liable for the deductible and the cost of services not considered medically necessary. Though Baker University provides this coverage at no cost to the student athlete, Baker University does not pay out of pocket expenses for any student injury.
- J. I, by signing below, understand that each athlete must have proof of insurance effective **August 1st 2011** or prior to the start of the athletic season. This "full coverage" insurance must be carried current throughout the schedule of athletic practices (in and out of season) and participation. **Any insurance lapse will result in the removal from team roster and the loss of continued athletic scholarship assistance. Additionally, the student's eligibility for secondary athletic insurance benefits will be CANCELLED without proof of a primary insurance carrier.**

I, the undersigned, have read and understand the preceding Acceptance of Risk/Liability Waiver and agree to follow its procedures. I also hereby release Baker University, its agents and employees from any liability caused by, or arising out of, the athlete's participation in the University's athletic programs. By signing this, I also agree to the \$20 late processing fee should my packet not be completed and turned in by August 1st, 2011.

Print Name & Sport

Parent/Guardian Signature (if under 18)

Athlete's Signature

Date

Date

Revised 3/11