



ATHLETE'S RISK ACKNOWLEDGEMENT AND CONSENT TO PARTICPATE FORM

Please read carefully. The athlete must personally fill in all blanks.

NAME _____ **DATE OF BIRTH** _____

I wish to participate in the sport of _____ at Hibbing Community College during the _____ season/school year.

I realize that there are risks involved in my participation and attended a group meeting on _____ where these risks were discussed and explained. The meeting was run by the Athletic Director. I understand that the risks include a full range of injuries, from minor to severe. I recognize the possibility that I might die, become paralyzed, or suffer brain damage or other serious, permanent injury as a result of my participation in this sports program. I realize that neither the protective equipment, padding used in the sport, the safety rules and procedures of the sport, the coaching instruction I receive, nor the sports medicine care I am provided will guarantee my safety or prevent all injuries I might sustain. I agree to accept these risks as a condition of my participation.

SPECIAL CONDITIONS: I realize that my _____ (special condition) creates an additional risk for me and I discussed these risks with the athletic director, my coaches, and the sports medicine providers during the meeting. They explained to me that, because of this condition, the special risks for me are as follows:

_____.

I understand these concerns and agree to follow all directions and recommendations of my physicians and the sports medicine providers in this program. I also agree to accept these additional risks to me as a part of my participation in this program.

Signature _____ **Date** _____

If under 18, parent or guardian must also sign _____