CONSENT TO TREAT

I, _____________________________, hereby give my consent to the ABAC Athletics Medicine Team (Certified Athletic Trainer, ABAC Health Center Staff, ABAC Physician, other designated ABAC Health Care Professionals) to perform athletic training services, including emergency and first aid treatment, to my person relative to injuries and illnesses that may occur during practices for and participation in various athletic contests and events, as well as those occurring during transportation to or from such practice or contest sessions. It is also my understanding that as part of the ABAC Intercollegiate Athletics Program, the ABAC Sports Medicine Team has the authority to withhold me from further participation because of an injury or illness.

Print Name: _____________________________ Athlete’s Signature: _____________________________

Date: _____/_____/_______ Parent/Guardian (IF Athlete is a Minor): _____________________________

ASSUMPTION OF RISK II

I, _____________________________, understand that there are risks of injury or death arising from my participation in intercollegiate athletics and that even though proper coaching techniques are used, rules are adhered to, and protective equipment is used, the possibility of an accident still exists. To decrease the risk of injury, I understand that equipment must be worn properly and that I must adhere to all instructions and all rules applying to the sport. I agree to do so. However, I acknowledge that proper use of equipment, proper training, and adherence to the rules may not prevent all risks of injury and I assume those risks. I also agree to notify the ABAC Athletic Trainer of any injuries or illnesses I may incur during my tenure as an ABAC student-athlete, including but not limited to the following: concussions, heat illness, orthopedic injuries, and cardiac conditions. I understand that by notifying the ABAC Athletic Trainer in a timely manner of any injury or illness I may have only helps me in getting treatment, and if I withhold this information, I may be exposing myself to potentially more damage and/or a longer recovery. All Physician appointments should go through our ABAC Athletic Trainer. I should attend treatments until released. In consideration of my being permitted to participate in ABAC's Intercollegiate Athletic Program, I hereby release ABAC, its Trustees, employees, agents, and those volunteering in the course of my medical care together with all persons assisting with any phase of the program, from all liability and responsibility for any loss or injury related to my participation in the ABAC Intercollegiate Athletics Program. I further agree to indemnify and hold harmless said parties from all claims hereafter made by me or on my behalf by my parents, guardians, heirs, executors, or assigns.

Print Name: _____________________________ Athlete’s Signature: _____________________________

Date: _____/_____/_______ Parent/Guardian (IF Athlete is a Minor): _____________________________

MEDICAL INFORMATION RELEASE FORM III

I, _____________________________, hereby authorize and consent to the release of any pertinent medical information and records regarding the treatment, diagnoses, and/or examination relative to injuries or illnesses that may affect my participation in ABAC Intercollegiate Athletics Program to the ABAC Office of Athletics and ABAC Athletics Medical Team as is necessary for the appropriate treatment of those injuries/illnesses. Medical information may also be released to my parents and legal guardians. I understand that I can revoke this authorization at any time in writing to the ABAC Athletics Medical Team. Unless I exercise my right to revoke this authorization, this said release will be in effect for the duration of my participation in ABAC Intercollegiate Athletics, beginning with the date below.

Print Name: _____________________________ Athlete’s Signature: _____________________________

Date: _____/_____/_______ Parent/Guardian (IF Athlete is a Minor): _____________________________

Updated: June 2014