

**OKLAHOMA PANHANDLE STATE UNIVERSITY
ATHLETIC DEPARTMENT**

STUDENT-ATHLETE ACKNOWLEDGMENT AND ASSUMPTION OF RISK

The undersigned herewith formally acknowledges and declares the following:

I (We) understand that participation in sport requires a personal acceptance of risk of injury. Athletes generally expect that those who are responsible for the conduct of sport take reasonable precautions to minimize such risk and that their peers participating in the sport will not intentionally inflict wrongful injury upon them.

I (We) understand that participation in Intercollegiate Athletics at Oklahoma Panhandle State University may result in injury/illness, permanent physical or mental impairment or even death. These injuries may be minor or may be career or life threatening. I understand that Oklahoma Panhandle State University cannot be held responsible for any injuries or conditions that may be caused by the actions of other athletes or teams. I also understand that injuries may be caused by my own failure to follow safety procedures or techniques which are made known to me by my coaching staff, athletic training staff, or by the strength and condition personnel or are otherwise known to me from an other source including but not limited to medical personnel of the university.

I (We) have read the above shared responsibility statement. I understand that there are certain inherent risks involved in participating in intercollegiate athletics. I acknowledge the fact that these risks exist and I am willing to assume responsibility for **any and all** such risks while participating in Intercollegiate Athletics at Oklahoma Panhandle State University. I also agree to the following:

- A. I voluntarily assume all risks associated with my participation in Intercollegiate Athletics
- B. I accept that Oklahoma Panhandle State University and its personnel are not to be held responsible for any pre-existing medical condition(s) that I may have.
- C. I understand that having passed the physical examination **did not** necessarily mean that I am physically qualified to participate in Intercollegiate Athletics at Oklahoma Panhandle State University, but only that the evaluator did not find a medical reason to disqualify me at the time of the physical examination.
- D. I understand that I must refrain from practice while injured or ill, whether or not receiving medical care. When under medical care I may not return to participation until I have been given permission, based on independent exercise of professional judgment, by the attending Team Physician(s) or his/her designate after review of my condition and fitness for the rigors of my sport. This may occur during or at the conclusion of medical treatment(s).
- E. I understand and agree that if I experience an injury/illness or change in my health status **it is my responsibility** to inform my Head Coach and the Certified Athletic Trainer in charge of my sport and to adhere to the established injury management guidelines which includes total rehabilitation and reassessments before I am released to return to full participation.
- F. I understand that I must wear the proper equipment as dictated by the rules of the sport. I may also have to wear padding or braces as indicated by the athletic training staff or medical personnel. Failure to do so may put me at risk for further injury.

I (WE) HAVE READ, UNDERSTAND AND VOLUNTARILY AGREED TO THE ABOVE STATEMENTS.

Printed Name

Sport

Signature

Date

Parent/Guardian Signature (if under 18 years of age)

Date