

## Student-Athlete Agreement

**I understand that it is my responsibility to inform the athletic trainer immediately of any and all athletic injuries and illnesses.**

**I further understand that failure to report any athletic injury to the athletic trainer before receiving treatment of any kind from any medical professional will void the secondary excess insurance coverage provided by OPSU, and I must assume responsibility for any and all medical charges incurred by such action.**

**I also understand that non-athletic injuries and illnesses are not covered by OPSU secondary insurance policy, and any charges for medical services for such are my full responsibility.**

**I understand the rest of injury directly due to athletic participation, and release OPSU, its coaches, and athletic training staff, and all employees and agents of OPSU, from any liability thereof.**

**I also understand that I will be required to report to all designated times for treatments, meetings, and practice sessions.**

**I understand that I will not be allowed to participate in any intercollegiate activities until I have proof of a primary medical insurance.**

**I understand and agree to follow the rules and policies of the OPSU athletic training staff as outlined hereto, and acknowledge the risks inherent with athletic participation.**

**I attest I have read the above information.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_