

Marietta College Athletic Participation Assumption of Risk

The undersigned herewith formally acknowledges and declares the following **shared responsibility statement**: I understand that participation in sport-based training 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. _____ (Initial)

I understand that athletic participation at Marietta College 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 Marietta College cannot be held responsible for any injuries or conditions that may be caused by the actions of other students 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 strength and conditioning personnel, or are otherwise known to me from another source, including but not limited to medical personnel of the College. _____ (initial)

I have read the above **shared responsibility statement**. I understand that there are certain inherent risks involved in participating in athletic-based training. I acknowledge the fact that these risks exist and I am willing to assume responsibility for any and all such risks while participating in athletic-based training at Marietta College. I also agree to the following:

1. I Voluntarily assume all risks associated with my participation in voluntary athletic-based training. (Initial)_____
2. I accept that Marietta College and its personnel are not to be held responsible for any pre-existing medical condition(s) that I may have. (Initial)_____
3. I understand that passing the pre-participation physical exam does not necessarily mean that I am physically qualified to participate in athletic-based training at Marietta College, but only that the evaluator did not find a medical reason to disqualify me at the time of the pre-participation physical exam. (Initial)_____
4. I understand that I must refrain from practices and competition 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 an independent exercise or professional judgment, by the Certified Athletic Trainers, Team Physician(s), or his/her designated family appointed medical representative. (Initial)_____
5. I understand and agree that if I experience an injury/illness or change in my health status it is my responsibility to inform the supervising coach and the Athletic Training Staff, and to adhere to the established injury management guidelines, which include total rehabilitation and reassessments before I am released to return to full participation. (Initial)_____
6. Understand that I must wear the proper equipment as dictated by the rules of the supervising coach. 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. (Initial)_____

I HAVE READ, UNDERSTAND, AND VOLUNTARILY AGREE TO THE ABOVE STATEMENTS.

Print Name: _____ **Birth date:** _____

Signature: _____ **Date:** _____
(Participant)

Athletic Training Staff

Signature: _____ **Date:** _____