

## Consent to Treat and Medical Information Release

Permission is hereby granted by the undersigned to Pine Manor College to proceed with any needed medical or minor surgical treatment, x-ray examination, imaging studies or testing, that is in the best interest of the student-athlete named below. In the event of a serious illness, the need for major surgery, or a significant accidental injury, I understand that an attempt will be made by the treating physician, health care provider, or PMC Sports Medicine personnel, to contact my parents/guardian and/or the designated emergency contact in the most expeditious manner possible. If the above mentioned health care personnel are unable to communicate with my parents/guardians or designated emergency contact, the necessary treatment will be provided to the student athlete in their best interest.

This authorization permits the PMC Sports Medicine staff, physicians and consultants to obtain and release medical information and records required for the treatment of past, present or on-going medical conditions. I understand and agree that my injury/condition may be discussed with the coaching staff only as it effects my participation in intercollegiate athletics.

The release and authorization is a required condition for participation in the intercollegiate athletic program at Pine Manor College and shall remain valid until otherwise revoked in writing.

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's/guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Informed Consent and Waiver of Claim Form

I understand that athletic participation is not without risks. Risks of athletic participation include but are not limited to: significant bone or joint injury, brain or spinal cord injury, internal organ injury and death. Due to the dangers associated with participating in intercollegiate athletics, I recognize the importance of following the coaches' instructions regarding playing techniques, training and other team rules, etc., and agree to obey such instructions.

In consideration of being presented this opportunity to participate in intercollegiate athletics at Pine Manor College and in acknowledgement that I am aware of and willing to assume the risks associated with intercollegiate sports, I hereby voluntarily agree to waive, hold harmless and indemnify Pine Manor College and its trustees, agents, volunteers and employees from any and all claims, demands, damages and cause of action of any nature whatsoever arising out of ordinary negligence which I, my heirs, assigns or successors may have against them for, on the account of, by reason of my voluntary participations in intercollegiate sports while at Pine Manor College. I understand the content of this document, and I execute this informed consent and waiver of claim form of my own free will and accord.

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's/guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Wavier of Liability and Secondary Insurance Policy

I hereby certify that the information provided is true, complete and correct to the best of my knowledge. I understand that the insurance I have listed will be used as my primary insurance while attending Pine Manor College and in the event of an athletic related injury a secondary athletics insurance policy may be utilized if necessary.

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's/guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### Instructions for completion

- Student-Athletes that fail to complete the Pre-Participation Medical Screening Form completely and/or accurately will not be allowed to begin practicing with their team.
- The information provided should encompass your entire life medical history. All injuries, illnesses, medical procedures, surgeries and pertinent family history should be included.
- Mark "yes" or "no" next to each item that corresponds to a medical or health issue on the following pages.
  - If an item is marked **yes**:
    - Please describe in detail the condition and/or concern in the space provided; being sure to include dates when possible.
  - Include any ongoing medical care that you are receiving.
  - Please indicate if you currently have any restrictions or limitations due to a particular condition.
- **Do Not** leave any item unanswered.