

## 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.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

## Wavier of Liability and Secondary Insurance Coverage

I hereby certify, to the best of my knowledge, the information concerning my health insurance coverage is true, complete and correct. I understand that the insurance I have listed will be used as my primary insurance while attending Pine Manor College and participating in athletics. It is the responsibility of the student-athlete to retain adequate health insurance to meet all contingences up to the NCAA required \$90,000.

In the event it is necessary to utilize the secondary insurance there will be a \$5,000 deductible and the student-athlete is responsible for any deductible or gaps in coverage.

If a health insurance policy has been changed, it is the responsibility of the student-athlete to notify the athletic trainer of any such changes.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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 addition, I will report all injuries and illnesses to the athletic trainer at the time that they occur.

I have received, read and understand the concussion information sheet which details the signs, symptoms and risks associated with sustaining a concussion. If I suspect that I have a concussion I will report any signs or symptoms to the athletic trainer or medical professional covering the practice or event immediately.

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.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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