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**ATTENTION:
THIS FORM MUST BE RETURNED PRIOR TO PARTICIPATION IN ATHLETICS
FULL ACCEPTANCE OF RISK/ATHLETIC RELEASE FORM**

Name of Student-Athlete: _____
(please print)

Participation in the sport of _____ at Grand View University requires an acceptance of risk of injury. Participation in your sport could result in death or serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to all internal organs, serious injury to all bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system, and serious injury or impairment to other aspects of your body, general health, and well-being.

Minor and moderate injuries are very common in athletics and every participant is very likely to sustain an injury during his/her athletic career. Minor and moderate injuries in athletics include (but are not limited to) sprains, strains, contusions, abrasions, and lacerations. However minor or severe an injury, you **MUST** report all injuries to the Head Coach and/or Athletic Director for possible referral to a physician.

I have read the preceding and certify that I am physically fit to participate in the sport of _____ at Grand View University. I fully KNOW, UNDERSTAND, and APPRECIATE the risks inherent in this sport, and I VOLUNTARILY participate in this activity. I hereby release all Grand View University coaches and school officials of negligence resulting in injury and liability for any injury I sustain while participating in this extracurricular activity.

Signature of Student-Athlete

Date

Signature of Parent/Guardian

Date

I hereby authorize Grand View University and the insurance company, or its representatives to inspect or secure copies of history records, laboratory reports, diagnoses, X-rays, and any other data covering this and/or previous confinements and/or disabilities. A photocopy of this authorization shall be deemed as effective and valid as the original.

I give authorization to athletic trainer(s) and/or physician/physician's assistant(s) to evaluate and treat any injuries/illness that occurs during athletic participation at Grand View University (This includes immediate first aid and treatment, x-ray, physical exam, follow-up care and rehabilitation.) I understand the athletic trainer(s) and/or physician/physician's assistant(s) has/have the authority to eliminate me from participation because of an injury and/or because of an undue risk of liability of Grand View University. I further release any and all medical information to school administration and health care staff to be used in the treatment and rehabilitation of injuries and/or illness.

Signature of Student-Athlete

Date

Signature of Parent/Guardian

Date