FULL ACCEPTANCE OF RISK

Participation in the sport of ___________________________ at Highland Community College requires an acceptance of risk of injury. Participation in your sport could result in death, 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 athletic trainer for proper inspection, treatment, and possible referral to a physician. Failure to comply will place the entire outcome of the injury in your own hands.

Protective equipment and preventative taping is available to athletes as needed in each sport. You must be aware that protective equipment and preventative taping will NOT PREVENT ALL INJURIES FROM OCCURRING! To maximize the effectiveness of protective equipment, inspect it daily and exchange all defective equipment. Make sure all equipment is properly adjusted and worn during all games and practices.

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

Name of Student Athlete (Please Print) ___________________________

Signature of Student Athlete ___________________________ Date __________

Signature of Parent (If student athlete is under 18 years of age) ___________________________ Date __________