

**Loras College**  
**Department of Intercollegiate Athletics**

**Acceptance of Risk of Injury**

Participation in sport requires an acceptance of risk of injury. I understand that the risk of serious physical injury including catastrophic injury resulting in permanent paralysis, brain injury, or death does exist. I can rightfully assume that those who are responsible for the conduct of sport have taken reasonable precautions to minimize the risk of significant injury. I understand that I must refrain from practice or play while ill or injured, until I am discharged from treatment or until the team physician or athletic trainer gives permission to restart participation, despite ongoing treatment. I also understand that passing the physical exam does not necessarily mean that I am physically qualified to engage in athletics, but only that the examiner did not find a medical reason to disqualify me. I understand that I am responsible for immediately reporting injuries and illnesses of any kind including the signs, symptoms, and behaviors consistent with a concussion to the team physician and/or athletic trainer. I understand that I must refrain from practice or play while ill or injured, until I am discharged from treatment and the team physician or athletic trainer gives permission to restart participation, by following the concussion management policy held by the NCAA and Loras College.

**Drug Testing Consent Statement**

By signing below I understand that I will be asked to provide urine for drug analysis. I consent to any such testing conducted as a part of the university's athletic drug policy and agree that I will not refuse to take any such test or otherwise dispute the right of the university to perform such tests on me. I understand that the university will take every precaution to maintain the confidentiality of all matters related to the tests to be performed as pursuant to this policy. I also authorize the athletic department to contact my parent(s), or legal guardian(s) with information relating to test results.

**Acknowledgement of Receipt**

By signing below I certify that I have received and reviewed a copy of the brochure outlining the various athletic department policies at Loras College. I also understand that the descriptions in the brochure are only summaries of the formal policies and that a detailed explanation of each policy is contained in the student handbook. I also certify that I have read and understand the signs, symptoms, and behaviors consistent with a concussion and the policies and management plan for concussions at Loras College. I also understand that a baseline assessment will be conducted prior to the first practice to use for comparison with post injury tests.

**Authorization to Release and/or Obtain Medical Information**

By signing below I give my consent for the team physician, athletic trainer, and/or Loras College administrators to obtain and/or release such information regarding my health care, record of injury or surgery, record of serious illness, and rehabilitation results as they deem reasonable and appropriate. I also authorize any insurance company, physician, hospital, or any other person who has examined or attended to me, to disclose when requested to do so, all or any portions of the following:

Hospital or medical records; x-ray readings and reports; laboratory records and reports; all tests of any type and character and reports thereof; statements of charges; any and all of my records pertaining to medical care, history, condition, treatment, diagnosis, prognosis, etiology or expense, and any other health care records pertaining to me.

**My signature below indicates that I have read this entire document, understand it completely, and agree to be bound by its terms.**

Athlete Signature: \_\_\_\_\_ Name (Print) \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Name (Print) \_\_\_\_\_ Date: \_\_\_\_\_