

APPENDIX B

**ACCEPTANCE OF RISK/LIABILITY WAIVER
Affidavit**

I _____,

- (A) understand that having passed the physical examination 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.
- (B) understand that I must refrain from practices or games during medical treatment until I am discharged from treatment by a physician and the Athletic Trainer.
- (C) understand and accept the risks of injury, permanent disability, and death that are inherent in my sport. By signing below, I pledge to do the best to reduce these risks by keeping in the best possible condition and by following the advice of a physician, Athletic Trainer, and/or coach concerning the prevention, treatment, and rehabilitation of athletic injuries.
- (D) I grant permission to the coaching staff, Athletic Department and/or Athletic Trainer to hospitalize and secure treatment for myself for any athletic injuries. If the athlete is a minor, the undersigned parent grants permission to the coaching staff, Athletic Department and/or Athletic Trainer to hospitalize and secure treatment for his/her son/daughter.

We the undersigned have read and understood the preceding medical policy statement and agree to follow its procedures.

Athlete's Signature

Parent's Signature
(If athlete is a minor)

Date

Date