

CHESTNUT HILL COLLEGE

**DEPARTMENT OF ATHLETICS
STATEMENT OF INFORMED RISKS**

Date _____ Student Athlete _____ Birthdate _____ Age _____

Student ID# _____ Campus Address _____ Cell Phone _____

Parent/Guardian Name _____ Home Phone (____) _____

Home Address _____
Street City State Zip

I hereby acknowledge that I am participating in the sport of _____, a voluntary activity undertaken at Chestnut Hill College during the Fall/Spring Semester of 20_____.

I acknowledge that I am participating in these activities with the full realization that they may involve a significant risk of bodily injury. I understand that the injury may range in severity from minor to long term catastrophic up to and including death, or damage to property of myself and others. I am aware that it is not possible to delineate specifically each and every individual injury risk. However, knowing the material risk and appreciating and reasonable anticipating that injuries and even death are a possibility, I **HEREBY EXPRESSLY ASSUME ALL OF THE RISKS** which could occur as a result of my participation.

I agree that in exchange for and in consideration of Chestnut Hill College permitting me to participate in this sport and all activities related to it including, but not limited to travel, I **HEREBY ASSUME ALL OF THE RISKS ASSOCIATED WITH THE SPORT AND AGREE TO RELEASE AND HOLD HARMLESS CHESTNUT HILL COLLEGE**, its officers, agents, coaches and employees from any and all liability, actions, cause of actions, negligence, debts, claims or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related the sport.

Additionally, I understand that any previous injury or condition I have may predispose me to an increased risk of re-injury or increased risk of other injuries or conditions. Furthermore, I understand that in the event of any new injury, there may be short term and/or long-term health related risks involved with continued participation in athletics, even after proper treatment or rehabilitation.

I authorize the Chestnut Hill College Athletic Training staff to exchange any and all pertinent medical information with any medical facility that provides treatment for an injury/condition which may affect my health and/or performance while participating in my sport.

The undersigned, herewith,

- A. Acknowledges that he or she has read and understands this WAIVER and that by signing it he or she surrenders valuable rights, which is done freely and voluntarily.
- B. Understands that by passing the physical examination does not necessarily mean that he or she is physically qualified to engage in athletics, but only that the evaluator did not find a medical reason for disqualification.
- C. Understands that he or she must refrain from practice or play while ill or injured, whether or not receiving medical treatment until he or she is discharged from treatment or is given permission by the clinical practitioner to restart participation despite continuing treatment.

Date _____ Name _____ Signature _____

Date _____ Signature of Parent/Guardian (if under 18) _____

Also, I authorize the Chestnut Hill College Health Center and the Department of Athletics to exchange any and all pertinent medical information that may affect my health and/or performance while participating in my varsity sport(s), with whomever is deemed necessary, for both traditional and non-traditional seasons.

I may revoke this right at any time by filing a written authorization with the Department of Athletics.

Signature of Athlete: _____ Date: _____