



SPORTS MEDICINE

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### Warning Statement and Consent for Treatment

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Sport: \_\_\_\_\_

I understand that my continuing participation in intercollegiate athletics requires an acceptance of risk of injury/illness. The University of Cincinnati has taken reasonable precautions to minimize the risk of significant injury/illness by providing competent coaching and instructions, well-maintained equipment and facilities, proper conditioning and quality medical care.

I further understand that there is risk of injury or death arising from my participation in intercollegiate athletics and that even though proper coaching technique are used, rules are adhered to, protective equipment is used the possibility of an accident still exists. To decrease the risk of injury, I understand that equipment must be worn properly and that I must adhere to all rules applying to my sport and agree to do so. I further agree to report to the equipment managers, Certified Athletic Trainers, or coaches any defects or change of fit in my athletic equipment. However, I acknowledge that proper use of equipment, proper training and adherence to rules may not prevent all injury.

I know that I risk incurring a tragic injury/illness. I understand, acknowledge, and assume the risk of participating in my sport.

I hereby give my consent to the Physicians and Certified Athletic Trainers at the University of Cincinnati's Athletic Department, to provide emergency care and first aid treatment to me relative to injuries/illness occurring during conditioning, weight training, practice or contests as a member of a sport at the University of Cincinnati.

In consideration of being permitted to participate in the University of Cincinnati Intercollegiate Athletic Programs, I hereby release the University Of Cincinnati, its trustees, employees, and agents, together with all persons assisting with any phase of the program, from all liability and responsibility for any loss or injury related to my participation in the University of Cincinnati Athletic program. I further agree to indemnify and hold harmless said parties from all claims hereafter made by me or my spouse or on my behalf by my parents, guardians, spouse, heirs, executors, or assigns.

\_\_\_\_\_  
Student Athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (Required if student-athlete is under the age of 18)

\_\_\_\_\_  
Date