

Christian Brothers University
Waivers and Releases

Awareness of Risk:

Administrators, coaches, physicians, athletic trainers, and student athletes must share the responsibility for sports safety. I, the undersigned, am aware and appreciate that there are risks of injury involved in my participation in college athletics. These risks include injury to bones, ligaments, tendons, and muscle as well as, cardiac arrest, brain and spinal cord injury, disfigurement, deformity, and death. I also realize that contact sports have even greater risks for catastrophic injury.

My signature in no way relieves the school of its responsibilities or waives any of my rights as a participant, but does acknowledge my awareness of the risk of injury.

I am aware that reasonable precautions are taken to reduce risk and am willing to help reduce these risks.

My signature confirms my commitment to the prevention of injuries, which includes rules, procedures, and safety techniques that I may be taught during the course year.

Authorization to Treat and Care:

My signature is also consent for treatment by athletic trainers and other health professionals during the course of my college sports experience.

My signature indicates that I am aware of my responsibility to report hazards to the appropriate authority, report any injuries, (to others or myself) and to comply with the treatment plans of my health care providers.

Release of Information Waiver:

I, by signing below, give permission for my Athletic Trainers and physicians to communicate and release records to administrators, our Sports Information Director, my parents or guardian, coaches, and interested health care providers about my injuries and medical conditions.

I give my consent to the release of information about myself, including my record, to professional scouts and scouting organizations. This may include history of injuries and diagnosis, as well as past and present ailments.

I agree to allow CBU athletics to release my academic information in regards to NCAA and GSC eligibility, full or part time status, nomination for awards and achievements, and interested media outlets.

I agree to allow the CBU Sports Information Director to release basic information regarding my playing status whether it is a result of team discipline, eligibility, or medical reasons, as well as my photograph for any publications or news release.

I am accountable for all University, NCAA, Conference and athletic department policies as stated in the athletic handbook, which is available in the athletic office and distributed at team compliance meetings.

Privacy of Information:

I hereby authorize physicians, Athletic Trainers, sports medicine staff, other health care providers, administrators, Sports Information staff, and coaches representing Christian Brothers University to release information regarding my protected health information and any related information regarding any injury or illness during my college experience. This health information may concern my medical status, medical condition, injuries, prognosis, diagnosis, athletic participation status, and other related personally identifiable health information. This protected information may be released to other health care providers, parents/guardians, hospitals, clinics, insurance carriers, medical supply vendors or service companies, academic counselors, athletic or university administrators, chaplains or clergy members, NCAA Injury Surveillance System, Sports Information staff, and members of the media.

1. I understand that my authorization/consent for the disclosure of my private health information is a condition for participation as an athlete at Christian Brothers University.
2. I understand federal law under the Family Educational Rights and Privacy Act of 1974 (also known as FERPA or the Buckley Amendment.) regulates my protected health information. My information may also be covered under the Health Information Portability And Accountability act of 1996 (HIPPA went into effect April 14, 2003.)
3. I understand that once information is disclosed per my authorization/consent, the information may be re-disclosed and no longer covered under these federal regulations.
4. I understand that I may revoke this authorization/consent at any time by notifying (in writing) the Head Athletic Trainer of Christian Brothers University, but it will not effect actions already taken in reliance on this consent prior to receiving the revocation.
5. My revocation of this authorization will make me ineligible to participate in athletics at Christian Brothers University, effective immediately.

**My signature is acknowledgement that I have read the above pages and give my consent to the above policies and procedures.
(Failure to sign is a cause for removal from participation.)**

Date: _____ Name: _____ Signature: _____

Date: _____ Parent (if athlete is under 18) _____