

STATEMENT OF AWARENESS OF RISK

I understand that participating in intercollegiate athletics includes the risk of bodily injury, including but not limited to, serious permanent injury and death. I further understand that such injuries may occur in the absence of negligence. To minimize the risk of bodily injury, I agree to obey all safety rules, to report any problems related to my physical condition to appropriate personnel including coaches and athletic training staff, and to follow all coaching instructions.

My signature below indicates that I am aware of the risks of injury inherent in athletic participation and that such risks may include DEATH, PERMANENT PARALYSIS, AND OTHER SERIOUS PERMANENT BODILY INJURY.

I also acknowledge that I am participating in these activities voluntarily and that the above Statement of Awareness of Risk has been read and understood.

Sport: _____ Print Name: _____

Student Signature: _____ DOB _____ Date: _____

Parent/Guardian Signature (if under age 18) _____

WAIVER AND RELEASE

I have been informed, by a physician, that I have the following physical condition(s) existed prior to the date of the physical examination for the current season:

I have received a full explanation from the team trainer that to continue to play or participate in intercollegiate _____ may result in deterioration or aggravation of such preexisting physical condition(s), rendering me physically disabled or permanently physically handicapped.

I fully understand the possible consequences of playing or participating in intercollegiate _____ with the physical condition(s) set forth above. Nevertheless, I desire to continue to play this sport and hereby assume the risks as set forth above.

Because I desire to play intercollegiate _____ for North Idaho College, and in consideration of the college's willingness to accept me as a team member and allow me to participate in accordance with policies governing intercollegiate athletics, I hereby waive and release North Idaho College, its trainers and coaches from any and all liability and responsibility in the event that I become physically disabled or permanently physically handicapped because of a deterioration or aggravation of the physical condition(s) noted above.

I/We, Mr./Mrs. _____ the parents of _____ have been informed of the above referenced pre-existing physical condition. Being aware of the student's desire to participate in the athletic program at North Idaho College, I/We assume responsibility for his/her medical care arising from this pre-existing condition. I/We understand that the above mentioned condition is **not** covered by North Idaho College's secondary medical insurance.

Printed Name of Athlete _____ Student Signature: _____

Parent or Guardian Signature: _____ (if athlete is under age 18)

Date: _____