

Hamilton College Athletics Participation Statement

A. Participation Agreement, Assumption of Risk and Release

In consideration and as a condition of Hamilton College's permitting my participation in activities associated with an athletic team, which include but are not limited to training, trying out, practicing, playing and traveling, I freely acknowledge that I am aware of and accept the risks associated with such participation. I also acknowledge that my participation in such activities is wholly voluntary, and is not required in any way by Hamilton College. I fully realize the dangers of participating in such activities and fully assume the risks associated with such participation, which may include, but are not limited to, the possibility of serious physical and/or mental trauma or injury, the onset of serious physical and/or medical conditions, and paralysis, which may require surgery or other medical treatment, and which may be caused in whole or in part by numerous factors, including my medical or physical condition, the actions or inactions of other athletes, the conditions of premises, and the negligence of the entity or individuals released hereby. I waive, release and discharge for myself, my heirs, executors, administrators, legal representatives, assignees and successors in interest any and all rights or claims for injuries or losses of any description that I may have or which may hereafter accrue to me against Hamilton College, its Trustees, employees, or agents, in connection with my participation in activities associated with a Hamilton College athletic team.

B. Medical Consent to Treatment

I grant permission to physicians, athletic trainers, and/or other medical practitioners or professionals associated, assisting, or employed in connection with Hamilton College athletic programs or student-athletes, to render any preventive, emergency, surgical or rehabilitative medical treatment or care deemed reasonable and necessary for my health and well-being, and to arrange for my hospitalization where reasonable and necessary, in circumstances connected with my participation in activities associated with a Hamilton College athletic team.

This consent is not intended to, and does not, create a duty on the part of physicians, athletic trainers, and/or other medical practitioners or professionals associated, assisting, or employed in connection with Hamilton College athletic programs or student-athletes, to render or arrange for such treatment or care.

C. Authorization of Release of Medical Information

I authorize Hamilton College and any of its health or physical care providers or practitioners to release to coaches, athletic trainers, or other individuals employed by or associated or assisting with Hamilton College athletic programs or student-athletes, any and all records, documents, or information they may have regarding my medical, physical or psychological condition, for the purpose of informing such individual(s) regarding such condition(s), such as records, documents or information may become available or be developed over the course of the year including and following the date of this Release Authorization, except for records, documents or information created or maintained in connection with an alcohol or drug abuse treatment or prevention program.

I further authorize the release of records, documents or information regarding my medical, physical, or psychological condition to other entities or individuals, including but not limited to the Hamilton College Sports Information department, media outlets and personnel, and professional team personnel for the purpose of informing such entities or individuals of such conditions. The Release Authorization should not be construed, however, to require such release. This Release Authorization is effective for the year including and following the date of execution, and I may revoke it by means of a written statement to that effect, except to the extent that action has been taken based upon this Release Authorization.

D. Signature Approval

I have read, understand and approve Parts A, B and C of this Participation Statement.

A photocopy of this Participation Statement will be deemed to have the same force and effect as the original.

By entering your name in the space provided below, you are agreeing to all the terms and conditions described above and agree to be bound by these terms. Entering your name will result in an electronic signature and an enforceable legal contract under the US and New York laws. You agree that this is your electronic signature and intend to be liable just as if you had physically signed your name to the contract on paper.

E-signature _____ Age _____ Agreement Date _____

(Only if under 18)

Parent's Name _____

Parent's Address _____

City State Zip _____

Telephone # _____ Fax # _____

By entering your name in the space provided below, you are agreeing to all the terms and conditions described above and agree to be bound by these terms. Entering your name will result in an electronic signature and an enforceable legal contract under the US and New York laws. You agree that this is your electronic signature and intend to be liable just as if you had physically signed your name to the contract on paper.

E-signature _____ Agreement Date _____

| |
|---------------------|
| Name: _____ |
| Fall Sport: _____ |
| Winter Sport: _____ |
| Spring Sport: _____ |

Patient's Rights and Responsibilities
Hamilton College

The patient has a right

- to be treated with respect and dignity and to be provided with courteous, considerate care;
- to be informed about the diagnosis, treatment and prognosis of the health problem in terms that can be understood;
- to know the chances that treatment will be effective and to know the possible risks, side effects and alternative methods of treatment;
- to receive confidential treatment of their disclosures and medical records and, except when required by law, afforded the opportunity to approve or refuse their release;
- to know who is responsible for providing treatment;
- to have access to a second medical opinion before making any decision. The patient can decide not to be treated, but must be informed of the medical consequences of refusal;
- to participate in decisions involving the health problem;
- to be informed of the personal responsibilities involved in seeking medical treatment and maintaining health and well-being thereafter;
- to privacy;
- to have access to resource persons and information concerning health education, self-care and prevention of illness;
- to be given appropriate and professional quality health care without discrimination against their race, creed, color, religion, sex, national origin, sexual preference, handicap or age;
- to voice grievance with athletic training services and/or staff without being threatened, restrained and discriminated against.

The patient has a responsibility

- to inform clinician of any changes in his/her health status that could affect treatment;
- to adhere to a prescribed treatment plan and to discuss any desired change;
- to act in a considerate and cooperative manner with the Athletic Training Clinic staff;
- to ask questions and seek clarification regarding areas of concern;
- to weigh the consequences of refusing to comply with instructions and recommendations;
- to assist the clinicians in compiling a complete record by authorizing the Athletic Training Clinic to obtain necessary medical information from appropriate sources;
- to inform staff if he/she has a prescription card at the time of appointment;
- to keep appointments on time;
- to cancel appointments only when absolutely necessary, and far enough in advance so that other patients might utilize that time.

I have reviewed and understand my rights and responsibilities as described above.

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Hamilton College
Student-Athlete Concussion Statement

I understand that it is my responsibility to report all injuries and illnesses to my athletic trainer and/or team physician.

I have read and understand the *NCAA Concussion Fact Sheet*.

After reading the NCAA Concussion fact sheet, I am aware of the following information:

Initial

A concussion is a brain injury, which I am responsible for reporting to my team physician or athletic trainer.

Initial

A concussion can affect my ability to perform everyday activities, and affect reaction time, balance, sleep, and classroom performance.

Initial

You cannot see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury.

Initial

If I suspect a teammate has a concussion, I am responsible for reporting the injury to my team physician or athletic trainer.

Initial

I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion-related symptoms.

Initial

Following concussion the brain needs time to heal. You are much more likely to have a repeat concussion if you return to play before your symptoms resolve.

Initial

In rare cases, repeat concussions can cause permanent brain damage, and even death.

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E-signature _____ Agreement date _____