

Printed Name \_\_\_\_\_ Age \_\_\_\_\_ Sport \_\_\_\_\_

**STONY BROOK UNIVERSITY – SPORTS MEDICINE (2010-11)**

**A) STUDENT-ATHLETE ACKNOWLEDGMENT AND ASSUMPTION OF RISK**

The undersigned understands, acknowledges and declares the following:

Athletes generally expect that those who are responsible for the conduct of sport will take reasonable precautions to minimize risk, and that their peers participating in the sport will not intentionally inflict injury upon them. However, I also understand that my participation in sport requires my personal awareness and acceptance of the risk of injury.

I understand that participation in intercollegiate athletics at Stony Brook University (SBU) may result in injury or illness, permanent physical or mental impairment, or even death. Those injuries may be minor or may be career or life threatening. I understand that SBU cannot be held responsible for any injuries or conditions that may be caused by the actions of other athletes or teams. I also understand that injuries may be caused by my own failure to follow safety procedures or techniques which are made known to me by my coaching staff, the sports medicine staff, the strength and condition personnel, or which are otherwise known to me from any other source, including but not limited to, the medical personnel of the University.

I have read the above shared responsibility statement. I understand that there are certain inherent risks involved in participating in intercollegiate athletics. I acknowledge the fact that these risks exist; am willing to assume responsibility for **any and all** such risks while participating in Intercollegiate Athletics at Stony Brook; and hereby release SUNY, Stony Brook University and the State of New York from any and all liability arising from my voluntary participation in sport. I also agree as follows:

- A. I voluntarily assume all risks associated with my participation in intercollegiate athletics.
- B. I agree that SBU and its personnel are not to be held responsible for any pre-existing medical condition(s) that I may have.
- C. I understand that having passed the physical examination **does not** necessarily mean that I am physically qualified to participate in intercollegiate athletics at SBU, but only that the evaluator did not find a medical reason to disqualify me at the time of the physical examination.
- D. I understand that I must refrain from practice while **injured or ill**, whether or not I am receiving medical care. When under medical care, I may not return to participation until I have been given permission, based on an independent exercise of professional judgment by the attending team physician(s) or his/her designate, after review of my condition and fitness for the rigors of my sport. This may occur during or at the conclusion of medical treatment(s).
- E. I understand and agree that if I experience an injury/illness or change in my health status **it is my responsibility** to inform my head coach and the sports medicine staff and to adhere to the established injury management guidelines, which include total rehabilitation and reassessment(s) before I am released to return to full participation.
- F. I hereby authorize **any/all** pertinent medical information regarding injury or illness that I may experience, to be freely communicated between SBU Student Health Service medical staff and the SBU sports medicine staff. I understand that my refusal to authorize this transmittal will result in an automatic **HOLD** on my Athletic Physical.
- G. I understand that I must wear the proper equipment as dictated by the rules of the sport. I may also have to wear padding or braces as indicated by the sports medicine staff or medical personnel. I understand that failure to do so may put me at risk for further injury.
- H. I understand that the Director of Athletics, or designee, may notify in appropriate circumstances, my parent/legal guardian of serious injury or positive drug test results.

**I HAVE READ, UNDERSTAND AND VOLUNTARILY AGREE TO THE ABOVE STATEMENTS.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (if under 18 years of age)

\_\_\_\_\_  
Date

Printed Name \_\_\_\_\_ Age \_\_\_\_\_ Sport \_\_\_\_\_

**STONY BROOK UNIVERSITY – SPORTS MEDICINE (2010-11)**

**B) STUDENT-ATHLETE AUTHORIZATION, AGREEMENT AND CONSENT**

I understand the risks of injury, damage and loss that can occur as a result of participation in intercollegiate athletic activities and agree to assume all such risks. I hereby further consent and give permission to Stony Brook University to obtain for me whatever medical treatment and/or care deemed necessary by the University Sports Medicine Staff. I consent to have administered to me any emergency medical or surgical treatment recommended by a licensed health care provider as a result of any injury or illness that I might experience as an athlete. A photocopy or facsimile of this authorization shall be deemed effective and valid as the original.

**I HAVE READ, UNDERSTAND AND VOLUNTARILY AGREE TO THE ABOVE STATEMENTS.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (if under 18 years of age)

\_\_\_\_\_  
Date

**STONY BROOK UNIVERSITY  
C) STUDENT-ATHLETE INFORMATION RELEASE AUTHORIZATION**

I give my permission for the Sports Medicine Staff and other medical personnel at Stony Brook University to provide my parents or legal guardians, University coaches and University medical personnel, information about my health care, injury, rehabilitation, treatment and health status.

You are authorized to use this information for the purpose of advising persons of my health or injury status when necessary, and to access insurance coverage under any policy that may cover my medical treatment and costs. You are also authorized to obtain medical information and records from all my past or present health care/medical providers. I may revoke this release at any time by notifying one of the designated SBU offices or the Head Team Physician in writing. This authorization is valid until such time that I revoke it in writing.

**I HAVE READ, UNDERSTAND AND VOLUNTARILY AGREE TO THE ABOVE STATEMENTS.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (if under 18 years of age)

\_\_\_\_\_  
Date

Sports Medicine Staff only: Initial: _____ Date: _____
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