



UNIVERSITY OF MAINE AT FORT KENT

University of Maine at Fort Kent Athletic Training Department Student-Athlete Consent Form

Student-Athlete Information

Name _____ SSN# _____ Date of Birth: ____ / ____ / ____

In signing this form, you are authorizing hospitals, physicians, rehabilitation clinics, and any other health care professional to release medical information to the Sports Medicine staff and team physicians concerning your health and welfare. This medical information may relate to your past, present, and future injuries or illnesses that may or have already occurred while participating in athletics at the University of Maine at Fort Kent. Also, by giving your authorization for the release of medical information, you're permitting the Sports Medicine staff at UMFK to disclose the information concerning your health to coaches and potential professional scouts if the opportunity should arise in the future. This consent does not permit the Sports Medicine staff to discuss your health condition or playing status with the media.

Date: _____ Print Name: _____

Sign Name: _____

Medical Consent

You give permission to the University of Maine at Fort Kent team physician, and or consulting physician as well as other sports medicine staff to render any treatment that may be necessary regarding your health and well-being. You authorize the medical staff at UMFK to render the necessary services, which may include surgical or medical care provided by the team physician or consulting physician. You realize that you are authorizing the athletic trainer to render any treatment that may fall under the headings of preventative first aid, rehabilitation, and emergency treatment. You also are aware that by giving consent for proper care, you are giving permission for hospitalization when necessary at an accredited hospital.

Date: _____ Print Name: _____

Sign Name: _____

Risk Acknowledgement and consent to participate

I wish to participate in the sport(s) _____ during my enrollment at UMFK. I understand that the sport(s) are an inherently dangerous activity and that there are genuine and serious

risks to anyone who engages in these activities. Due to the nature of the sport and physical activity, I understand the risks involved include, without limitation, a full range of injuries, including catastrophic injuries resulting in permanent paralysis, brain injury or death. I knowingly assume responsibility for any and all such risks and all such injuries. In furtherance thereof, I do hereby voluntarily choose to participate in this sport(s) and accept the risks as a condition of my participation.

My signature below indicates that I have read this entire document and understand completely the details that it outlines.

Athlete's signature _____ Date _____

Witness' signature _____ Date _____

Parent/Guardian signature _____ Date _____
(If under 18 years of age)

Witness' signature _____ Date _____