

U N I V E R S I T Y O F M A I N E A T F O R T K E N T

I. Authorization for medical information to be released to the University of Maine at Fort Kent

A. TO ALL UNIVERSITIES, COLLEGES, STUDENT HEALTH SERVICES, ATHLETIC TRAINERS, PHYSICIANS, HOSPITALS, CLINICS, DISPENSARIES, SANITARIUMS, AND ALL OTHER AGENCIES:

i. You are hereby authorized and requested to send to The University of Maine at Fort Kent Athletic Department a complete copy of all records pertaining to my medical condition, including all physicals, physician's records, athletic trainer's records, diagnoses, treatments, history and prognoses, of any and all injuries; and receive from you any and all other information pertaining to my past or present medical conditions, diagnoses, treatments, history and prognoses from your personal knowledge and/or records. A copy of this authorization shall be considered as effective and valid as the original.

II. Authorization for The University of Maine at Fort Kent to release medical information

A. TO THE UNIVERSITY OF MAINE AT FORT KENT

i. I realize and understand that as a college athlete, any information relating to my past, present, or future

medical condition may have a bearing on my being offered employment, the opportunity for employment, or the type of offer or opportunity for employment from professional sports clubs, teams, or organizations. I hereby authorize the Athletic Director, Head Athletic Trainer, Assistant Athletic Trainer, Team Physicians, and Physical Therapists to release any and all of my medical records including copies of all physical examinations, physicians' records, athletic trainers' records, diagnoses, treatments,

history and prognoses of any and all injuries I have or may have in the future incurred together with all other information pertaining to my medical conditions, diagnoses, treatments, history and prognoses from their personal knowledge and/or records. This authorization shall be effective and valid until I revoke such authorization at a later date with my signature.

III. Authorization for The University of Maine at Fort Kent to provide emergency care

A. I,  , hereby grant the athletic trainers, team physicians, therapists, technicians, and consultants of The University of Maine at Fort Kent to render me any emergency, medical, surgical, or other care that might be deemed necessary to insure proper care of any injury/illness, and to maintain my health and well-being. In the absence of the team, athletic trainer, or authorized physician, I grant permission to a qualified physician or certified athletic trainer to furnish emergency care using the guidelines above. Also, when necessary for executing such care, permission for hospitalization at an accredited hospital is granted.

IV. Acknowledgement of Personal Responsibility to provide notification of injury/illness

A. I, , understand that it is my responsibility to notify The University of Maine at Fort Kent Sports Medicine Team in writing of any injuries/illnesses, athletic or otherwise, suspected injuries/illnesses, and any and all pre-existing conditions that may result in further injury/illness to myself, teammates, opponents, or sports medicine officials.

V. Acknowledgement of shared responsibility for sports safety

A. Participation in sports requires an acceptance of risk of injury. Athletes rightfully assume that those who are responsible for the conduct of sports have taken reasonable precaution to minimize such risk and that their peers participating in the sports will not intentionally inflict injury upon them. Periodic analysis of injury patterns leads to refinements in the rules and other safety decisions. I realize that despite improvement in equipment standards, and how well rules are refined by athletic governing bodies, or enforced by officials, risks still exist that require my compliance and cooperation with any and all safety guidelines in order to minimize injury to myself, as well as other participants. "Compliance" means respect and cooperation on everyone's part for the intent and purpose of a rule or guideline.

VI. Acceptance of Risk Statement

A. I, , understand the chance of sustaining a catastrophic sports injury is extremely remote, yet I understand that serious injuries can and do occur to anyone. Participation in your sport could result in death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to all internal organs, serious injury to all bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system, and serious injury or impairment to other aspects of your body, general health and well-being.

VII. Only females need to acknowledge this section

A. I, , hereby understand that once I become pregnant it is my responsibility to notify the Head Athletic Trainer and remove myself from all practices, conditioning, and competitions. I totally understand that my participation in varsity athletics at The University of Maine at Fort Kent is voided upon becoming pregnant. UMFK's responsibilities for any medical expenses related to athletic injuries/illnesses ceases immediately upon becoming pregnant.

VII. SIGNATURE

A. The undersigned, herewith,

i. Understands that he must refrain from practice or play during medical treatment until he is discharged from treatment or given a written permit by the attending physician to resume participation,

ii. Understands that his having passed the pre-participation physical examination does not necessarily mean that he is physically qualified to engage in athletics; but only that the examiner did not find a medical reason to disqualify him.

iii. Fully realizes that The University of Maine at Fort Kent cannot be held responsible for any previous medical condition(s) that he might have or any medical expense incurred due to any identified preexisting medical condition and directly attributable to any athletic participation at The University of Maine at Fort Kent,

iv. University Maine at Fort Kent offers secondary coverage for athletic medical expenses. UMFK athletic insurance covers at 100% of athletic injuries once a $25,000 deductible has been met. A secondary carrier will consider payment of bills for expenses only after all medical expenses have been submitted to the primary insurance carrier (your insurance or your family’s). All student/athletes are required to have personal insurance that covers up to a $25,000 limit.

v. Understands that by signing this document there is a full understanding and comprehension of the risks entailed in participating in intercollegiate athletic competition and has an understanding of what this document explains in regards to risk and acceptance of responsibility.

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| Student Athlete Signature |  | | Witness | |  |
| Student Athlete Name (printed) | |  | Date |  | |