

AACC 7V7 SUMMER LEAGUE (MUST BE SIGNED AND COMPLETE BEFORE PARTICIPATION)

Student – Athlete’s name: _____

Please read the following consent forms carefully. The student-athlete’s signature, and parent/guardian’s signature if student under the age of 18, is required.

Medical Consent I hereby grant permission to Anne Arundel Community College and team physicians and/or their consulting physicians and other medical personnel under their direction to render to my son/daughter/myself any treatment and medical or surgical care that they deem reasonably necessary to the health and well being of the student-athlete. I also hereby authorize the athletic trainers at Anne Arundel Community College, who are under the direction and guidance of their team physicians, to render to my son/daughter/myself any preventative, first aid, rehabilitative or emergency treatment that they deem reasonably necessary to the health and well-being of the student-athlete. I also hereby authorize the coaching staff at Anne Arundel Community College to render first aid and seek treatment for my son/daughter/myself as deemed necessary. Also, when necessary for executing such case, I grant permission for emergency transportation and hospitalization at an accredited hospital. This consent specifically includes consent to release all information that may be required for treatment, including, but not limited to, medical and insurance information.

STUDENT – ATHLETE’S SIGNATURE _____ DATE _____

PARENT SIGNATURE _____ DATE _____ (If athlete under the age of 18)

Release and Assumption of Risk

Participation in a sport involves inherent risk of bodily harm and requires an acceptance of risk of injury. Student – athletes must assume that their participation may result in injury to them, including serious injury.

I understand that by willingly participating in athletics at the collegiate level, I am knowingly undertaking and assuming a non-controllable risk which may result in an injury that may be severe in nature. Such an injury may result in paralysis or death. I understand these risks and agree to accept full personal responsibility for all risks, foreseen and unforeseen, in connection with my participation in athletics at the collegiate level.

I hereby assume all risks associated with participation in athletics at Anne Arundel Community College (including transportation to and from events) and agree to waive liability, save and hold harmless Anne Arundel Community College, its Board of Trustees, its employees, agents, representatives, coaches, volunteers and athletic trainers from and against any and all claims, demand, losses, injuries or liabilities of any kind or nature which may arise in connection with injuries suffered while participating in, or in any way in connection with, my involvement in intercollegiate athletics.

I HAVE READ AND UNDERSTAND THE ABOVE TERMS AND CONDITIONS OF THIS RELEASE.

STUDENT – ATHLETE’S SIGNATURE _____ DATE _____

PARENT SIGNATURE _____ DATE _____