

Name _____ SSN _____ DOB _____ Year _____ Sport _____

Informed Consent and Medical Release Form

Please initial by each section and sign your name at the bottom to demonstrate that you have read and understood each of the following. If you are under 18 years of age, your parent/guardian must also initial and sign this form. If you refuse to sign any section, please write "Refused to Sign", the date, and your initials.

Assumption of Risk

_____ I am aware participating or practicing to participate in any sport or sport related activity could be a dangerous activity involving **MANY RISKS OF INJURY**. I understand that the dangers and risks of participating or practicing to participate in sports or sport related activity include, but are not limited to: death; serious neck and spinal injuries that may result in complete or partial paralysis; brain damage; serious injury to virtually all bones, joints, ligaments, muscles, tendons, other aspects of the musculoskeletal system and vital organs; and serious impairment to other aspects of the body, general health, and well-being. I understand the dangers and risks of participating or practicing to participate in any sport or sport related activity may result not only in serious injury, but in a serious impairment of my (the participant's) future abilities to earn a living; to engage in other business, social, and recreational activities; and generally enjoy life. Because of the dangers of participating or practicing to participate in any sport or sport related activity, I recognize the importance of following the coaches', officials' and medical staff's instructions regarding playing techniques, training, and other team rules, etc., and agree to obey such instructions. Furthermore, I hereby agree to hold the Savannah College of Art and Design, its direct and contracted employees, agents, representatives, coaches and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of every kind and nature whatsoever that may arise by or in connection with participation of myself/son/daughter in any activities related to the Savannah College of Art and Design. The terms hereof will serve as a release for my heirs, estate, executor, administrator, assignees, and for all members of my family.

Informed Medical Consent

_____ I hereby give my permission to the Savannah College of Art and Design, its direct and contracted employees, agents, representatives, coaches and volunteers to authorize any emergency action necessary to ensure the safety of the student-athlete. I also hereby authorize the athletic trainers at the Savannah College of Art and Design who are under the direction and guidance of Savannah College of Art and Design athletic team physicians, to render to myself/son/daughter any preventative, first aid, or rehabilitative treatment that they deem reasonably necessary to the health and well-being of the student-athlete. The intention hereof being to grant authority to administer and perform all and singularly any examinations, pre-participation physical examinations, treatments, hospitalizations, anesthetics, operations, and diagnostic procedures which may now, or during the course of this student-athlete's care, be deemed advisable or necessary. This does not hold the Savannah College of Art and Design, its direct and contracted employees, agents, representatives, coaches or volunteers financially responsible for any medical care given.

Authorization to Obtain Medical Information

_____ I hereby authorize any physician, any hospital or medically related facility, or any other individual or organization which has provided health care services to myself/son/daughter to give any and all information about my/son's/daughter's medical history, mental or physical condition, and/or treatment to the Savannah College of Art and Design, its direct and contracted employees, agents, or representatives, for the purpose of determining eligibility for the benefits I have requested. I understand that a photocopy of this authorization shall be as valid as the original. I know that I, or my authorized representative, may receive a copy of this authorization upon request. This authorization shall remain valid for the duration of my claim.

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Release of Medical Record Information-Part I

General Disclosure:

I hereby authorize the Savannah College of Art and Design, its direct and contracted employees, agents, and representatives to release information from my medical records for the purpose of payment, treatment or operations to their Business Associate Partner (which includes; the Attending School's Coaching Staff and Administrators) and any Hospital in case of an Emergency Situation. This authorization shall be valid for the duration of the 2006-2007 school year. It is subject to revocation by the patient, or the parent/guardian at any time except to the extent that action has been taken in reliance thereon. I am aware that once the Savannah College of Art and Design, its direct and contracted employees, agents, or representatives discloses this information per my instructions, the information is subject to re-disclosure and may no longer be protected by the HIPAA (Health Insurance Portability and Accountability Act) of 1996. I understand that a photocopy of this authorization shall be as valid as the original. I know that I, or my authorized representative may receive a copy of this authorization upon request.

Release of Medical Record Information-Part II

I hereby authorize the Savannah College of Art and Design athletic trainers, team physicians, athletic coaches, and administrators to release to the Savannah College of Art and Design Sports Information Department and the media at any time, medical information regarding myself/son/daughter, concerning illness or injury relative to my past, present, or future participation in athletics at the Savannah College of Art and Design.

Student-Athlete Responsibilities

- I...
1. Understand that it is my responsibility to report all injuries and illness to my team athletic trainers as soon as possible.
 2. Understand that I am expected to report promptly as scheduled for treatment and/or rehabilitation.
 3. Understand that I will continue to receive treatment/rehabilitation until released by my team physician and/or athletic trainer.
 4. Understand that the Savannah College of Art and Design cannot be held responsible for any previous medical condition(s) that I might have.

Signature, Parent/Guardian if a minor

Date

Printed Name