

Neumann University Informed Consent and Medical Release Form

Name _____ SSN _____ DOB _____ Year _____ Sport _____

Address: _____

Emergency Contact: Name and Phone Number: _____

Medical Insurance Company: _____

Medical Insurance Policy Number: _____

Medical Insurance Company Phone Number: _____

Please initial by each section and sign your name at the bottom to show that you have read and understand each of the following sections. If you are under 18 years of age, your parent/guardian must also initial and sign this form.

In consideration of the University permitting me to participate in, practice, play or try out for any University athletics or sports programs and to engage in all related activities, I agree as follows:

Insurance

_____ I understand that to participate in any Neumann University sports program, I must have primary health care insurance. I understand that such insurance can be obtained through a University referral service, but that Neumann University is not the insurer. I understand that if I do not have such insurance at any time, then I may be terminated or disqualified from any Neumann University sports program, within the discretion of the Director of Athletics and University Administration. I also understand that I am responsible for my own healthcare.

Assumption of Risk

_____ I am aware that participating in, practicing, playing, or trying out for any athletic sport or sport related activity including travel, could be dangerous and involve **MANY RISKS OF INJURY**. I understand that the dangers and risks of participating in or practicing, playing or trying out for any athletic sport, or sport related activity, or travel include, but are not limited to: death; life threatening internal and/or external bleeding, stoppage of breathing, serious neck and spinal injuries that may result in complete or partial paralysis; brain damage; concussion, heart failure, heat exhaustion, stroke, convulsion, unconsciousness, abrasions to limbs, fainting, sudden illness, cramps, broken legs, feet, ankles, toes, or other bones, serious injury to 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 in, practicing, playing, or trying out for any sport or sport related activity including travel may result not only in serious injury, but in a serious impairment of my 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 in, practicing, playing or trying out for any athletic sport or sport related activity including travel, 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. The

terms hereof will serve as assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

Release/Waiver of Liability

_____ I hereby agree to hold Neumann University, its direct and contracted employees, agents, representatives, coaches, athletic trainers, trustees, directors, administrators, faculty 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 sports related activities of Neumann University. 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 Neumann University, its direct and contracted employees, agents, representatives, coaches, athletic trainers, trustees, directors, administrators, faculty and volunteers to authorize any emergency action necessary to ensure my safety. I also hereby authorize any of them at Neumann University who may be asked to act under the direction and guidance of Neumann University athletic team or other physicians, to render to myself/son/daughter any preventative, first aid, or rehabilitative treatment that they deem reasonably necessary to my health and well-being. 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 my care, be deemed advisable or necessary. This shall not hold Neumann University, its direct and contracted employees, agents, representatives, coaches, athletic trainers, trustees, directors, administrators, faculty, and volunteers responsible for any medical care given.

Authorization to Obtain Medical Information

_____ I hereby authorize any physician, hospital or other health care 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 Neumann University, its direct and contracted employees, agents, representatives, coaches, athletic trainers, trustees, directors, administrators, faculty and volunteers for the purpose of determining eligibility of any 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 any claim.

Release of Medical Record Information and General Disclosure

_____ I hereby authorize Neumann University, its direct and contracted employees, agents, representatives, coaches, athletic trainers, trustees, directors, administrators, faculty and volunteers to release information from my medical records for the purpose of payment, treatment or operations to Neumann University, its direct and contracted employees, agents, representatives, coaches, athletic trainers, trustees, directors, administrators, faculty, volunteers and any physician, hospital or other health care facility in case of an Emergency or Health Related Situation. This authorization shall be valid for the duration of the school year. It is subject to revocation by me, or my parent/guardian (if signed below) at any time except to the extent that action has been taken in reliance thereon. I am aware that once Neumann University, its direct and contracted employees, agents, representatives, coaches, athletic trainers, trustees, directors, administrators, faculty and volunteers 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.

Student-Athlete Responsibilities

_____ I hereby:

1. Understand that it is my responsibility to report all injuries and illness to my team athletic trainers or coaches as soon as possible.
2. Understand that I am expected to report promptly as scheduled for any treatment and/or rehabilitation.
3. Understand that I will continue to receive treatment/rehabilitation until medically released by my team physician and/or athletic trainer.
4. Understand that Neumann University shall not be held responsible for any previous medical condition(s) that I might have or how those conditions might be worsened by any injuries.

Severability

_____ If any portion of this contract is determined to be invalid or unlawful, it shall not affect the validity or lawfulness of any other portion of the agreement.

[THIS SPACE INTENTIONALLY BLANK]

BY SIGNING BELOW, I CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER AND THAT I HAVE READ AND FULLY UNDERSTAND THIS RELEASE AND INFORMED CONSENT FORM AND I SIGN IT VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE. I AGREE THAT THERE IS GOOD AND VALUABLE CONSIDERATION EXCHANGED IN THIS AGREEMENT. A COPY OF THIS CONSENT WILL BE GIVEN (OR OFFERED) TO ME.

Signature (Parent/Guardian if a minor)

Date

Printed Name

Signature of Minor (if Parent/Guardian signs above)

Printed Name of Minor (if any)

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