Assumption of Risk

I understand that participation in Intercollegiate Athletics at Eastern Washington University (EWU) may result in injury, permanent disability or even death. These injuries may be either career or life threatening in nature. I understand that EWU cannot be held responsible for injuries that may result from me not following established safety procedures or techniques made known to me through the coaching staff, athletic training staff and/or its affiliate medical support staff.

Please read the following:

1. I understand and accept all risks associated with my participating in Intercollegiate Athletics.

2. I understand and accept that EWU and its personnel are not to be held responsible for any pre-existing medical condition(s) that I may have.

3. I understand that having passed the physical examination did not necessarily mean that I am physically qualified to participate in Intercollegiate Athletics at EWU, but only that the evaluator did not find a medical reason to disqualify me at the time of the physical examination.

4. I understand that I must refrain from practices or games during medical treatment until I have been released from treatment by the athletic training staff or affiliate medical support staff.

5. I understand that if I experience an injury/illness then it is my responsibility to inform my Head Coach and the Certified Athletic Trainer in charge of my sport immediately. I also understand that I am to adhere to all management and treatment considerations deemed necessary by the athletic training staff or affiliate medical support staff before I am allowed to return to full participation.

6. I understand that I must wear the proper equipment as dictated by the rules of the sport. I may also have to wear padding or braces as indicated by the athletic training staff or affiliate medical support staff. Failure to do so may put me at risk for further injury.

I have read and understand the above statements and I accept full responsibility for any and all such risks while participating in Intercollegiate Athletics at EWU.

Athlete's Name: ___________________________________________ Sport(s): ________________________________

Signature: ______________________________________________ Date: ____________________________

(If under 18 years of age)

Parent/Legal Guardian Signature: ___________________________ Date: ____________________________