

**CLEARWATER CHRISTIAN COLLEGE  
ATHLETIC TRAINING**

**INFORMATION RELEASE AUTHORIZATION**

I, \_\_\_\_\_ hereby give my consent for the team physicians, athletic training staff, coaches, or other medical personnel of Clearwater Christian College to release such information regarding my medical history, record of injury or surgery, record of illness, and rehabilitation results to each other to coordinate medical care and athletic training services. This information is normally confidential and, except as provided in this RELEASE, will not be otherwise released by the parties in charge of the information. This RELEASE remains valid until revoked in writing by me.

\_\_\_\_\_  
Student Athlete Signature

\_\_\_\_\_  
Date

**ASSUMPTION OF RISK**

I, \_\_\_\_\_ understand that there are risks in participating in the sport(s) of \_\_\_\_\_ and I will be liable for any athletic injury that may occur to me. I do understand that there is a small risk of potentially catastrophic injury by participating in intercollegiate athletics. I assume financial and legal responsibility for any injury or injuries I suffer during tryouts / practices / games of the above mentioned sports. I am aware of the risks and assume the responsibilities associated with participation in the sports listed above.

\_\_\_\_\_  
Student Athlete Signature

\_\_\_\_\_  
Date

**MEDICAL TREATMENT CONSENT**

I, \_\_\_\_\_ hereby consent to receive any medical treatment deemed necessary by the Athletic Training Staff at Clearwater Christian College, any such treatment in no way confers liability to Clearwater Christian College. Permission is hereby granted to the attending team physician, athletic training staff, or other medical personnel associated with Clearwater Christian College to proceed with any medical or minor surgical treatment, X-Ray examination and immunizations. In the event of serious illness or injury I understand that an attempt will be made by the appropriate medical personnel to contact the parents or legal guardian. If medical personnel are not able to communicate with the responsible parties, the treatment necessary in the best interest of the student athlete may be given.

\_\_\_\_\_  
Student Athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian Signature (If a Minor)

\_\_\_\_\_  
Date