



ATHLETIC DEPARTMENT

MEDICAL CONSENT & ACCEPTANCE OF RISK FORM

THE FOLLOWING POLICY AND CONSENT FORMS WILL REMAIN VALID FOR ONE YEAR FROM THE DATE OF SIGNATURE.

The following documentation is to be read carefully.
If you are under 18 years of age, your parent or guardian must also sign.

MEDICAL CONSENT

I hereby grant permission to the Muskegon Community College Athletic Training Staff, Team Physicians, and Medical Consultants to render to my son/daughter, or myself, any medical care deemed reasonably necessary. This includes preventive care, first aid, rehabilitation, and emergency care treatment. Also, if deemed necessary, I grant permission for hospitalization.

PRINT STUDENT-ATHLETE NAME

SIGNATURE STUDENT-ATHLETE

DATE

SIGNATURE PARENT/GAURDIAN
(If under 18 years of age)

ACCEPTANCE OF RISK AND SHARED RESPONSIBILTY FOR ATHLETIC SAFETY

I understand that passing the pre-participation physical examination does not necessarily mean that I am physically qualified to engage in intercollegiate athletics, but only that the examiner did not find a medical reason to disqualify me from participation. I realize that participation in athletics entails risk of injury, permanent disability, and even death. I understand that I share in the responsibility of minimizing these risks to myself and others by keeping in the best possible condition and by following the advice of the Team Physicians / Consultants, Certified Athletic Trainers, Health Services, and Coaches concerning the prevention, treatment, and rehabilitation of athletic injuries or illnesses. I accept the responsibility of promptly reporting all injuries and illnesses to the Certified Athletic Trainers. I understand that I must provide accurate and honest information regarding my physical condition including all previous history and current medications.

I, the undersigned, have read and fully understand the above acceptance of risk and shared responsibility statement. I acknowledge the fact of these risks, and I am willing to assume responsibility while participating in intercollegiate athletics at Muskegon Community College.

PRINT STUDENT-ATHLETE NAME

SIGNATURE STUDENT-ATHLETE

DATE

SIGNATURE PARENT/GAURDIAN
(If under 18 years of age)