ACKNOWLEDGMENT AND ASSUMPTION OF ATHLETIC RISK AND RESPONSIBILITY FOR REPORTING INJURY AND ILLNESS

Student-Athlete’s Name: ___________________________ Sport(s): ___________________________

Training, traveling and participation in intercollegiate sports requires a personal acceptance of risk of serious injury. The risk of injury is an inescapable part of physical athletic training and competition.

I understand that training, traveling, and participation in Intercollegiate Athletic at Queens College may involve accidents resulting in injury/illness, permanent physical or mental impairment, or even death. These injuries may be minor or may be career- or life-threatening. I understand that Queens College and/or the City University of New York is not responsible for any injuries or conditions which may be caused by the actions of third parties, other Queens College student-athletes, other teams and their student-athletes, or myself. I further understand and I assume the risk that I may have personal physical conditions that may appear during my training, conditioning, or participation in competition that my coaches, athletic trainers, and medical support providers may not know about that can cause me unanticipated injury/illness, permanent physical or mental impairment, or even death. I also understand that injuries may be caused by my own failure to follow safety procedures or techniques that are made known to me by my coaching staff, Sports Medicine Staff, or by the Strength and Conditioning Staff, or are otherwise known by any other source including but not limited to medical personnel servicing me by virtue of their relationship to Queens College.

I have read the above risk statement. I acknowledge the fact that these various risks exist and I am voluntarily willing to personally assume any and all such risks by virtue of my participation in Intercollegiate Athletics at Queens College. In consideration for my being permitted to participate, I also agree as follows:

A. I voluntarily assume all risks associated with my participation in Intercollegiate Athletics at Queens College.

B. I agree that Queens College and its employees, officers, directors, and agents are not to be held responsible for any pre-existing medical condition(s) that I may have.

C. I understand that having passed the physical examination only means that the examination did not find a medical reason to disqualify me at the time of the physical examination. It does not necessarily mean that I am physically qualified to participate in Intercollegiate Athletics at Queens College. If I develop an injury or illness during my participation in Intercollegiate Athletics at Queens College, including during practice and competition, I will immediately inform my Athletic Trainer or the nearest member of the Sports Medicine Staff. I understand that I must be honest in reporting the symptoms of my injury or illness, and that it is my responsibility to follow any and all treatment and rehabilitation instructions that I am given.

D. I understand that I must refrain from practice while injured or ill, whether or not I am receiving medical care. When under medical care I may not return to participation until I have been given permission by my Team Physician. I understand that if I practice while injured or ill and/or if I return to participation in Intercollegiate Athletics at Queens College before I have been given permission by my Team Physician, Queens College and its employees, officers, directors, and agents are not responsible for any consequences I may suffer, including, but not limited to, further injury or illness.

E. I understand and agree that if I experience an injury/illness or a change in my health status it is my responsibility to inform my Head Coach and Athletic Trainer in charge of my sport and it is my responsibility to adhere to the established injury management guidelines, which requires total rehabilitation and reassessment before I am released to resume participation in Intercollegiate Athletics at Queens College.

F. Governing Law and Jurisdiction. The laws of the State of New York shall govern the construction, validity, and enforceability of this Agreement, without giving effect to its conflict of laws principles. All suits, actions, claims, and causes of actions relating to the construction, validity, performance, and enforcement of this Agreement shall be in the State of New York Court of Claims.

I understand, accept, and agree that, while I am under no obligation to sign this form and consent to these terms, my refusal to sign/consent or my withdrawal of consent to this Acknowledgment and Assumption of Risk and Responsibility for Reporting Injury and Illness will make me ineligible to participate in Intercollegiate Athletics at Queens College.

By signing below, I acknowledge and represent that I have read this Acknowledgment and Assumption of Risk and Responsibility for Reporting Injury and Illness in its entirety, understand it, and voluntarily sign it as my own free act and deed, and that I execute this Acknowledgment fully intending to be bound by the same.

__________________________  ___________________________  ___________________________
Student-Athlete Signature  Date  Student-Athlete Print Name

__________________________  ___________________________
Parent Signature (If Athlete is a Minor)  Date  Parent Print Name