SICKLE CELL TRAIT TESTING WAIVER FORM AND SPECIFIC RELEASE

I, ______________________________ verify that I have been fully informed on the NCAA testing requirement for sickle cell trait. I understand that I will not be permitted to take part in any team activities until my sickle cell trait is on file, or a waiver has been signed and provided to the Queens College Athletics Department.

I have been informed that sickle cell trait is a life-long condition that does not change over time, and that during intense exercise; sickle cell trait can block the normal blood flow to muscles. I understand this can cause very sudden dizziness, loss of consciousness, physical distress, and death.

I understand that knowledge about sickle cell trait enables a student-athlete and his/her coach to take steps to manage the implications of having the trait, and that the NCAA testing requirement was designed for this benefit.

I understand and accept that it is possible that I have the sickle cell trait, but I DECLINE to be tested and/or to provide the results of such test to Queens College. I understand that were I to consent to be tested and/or provide the results of such test to Queens College, the results would not affect my status as a student-athlete.

To the fullest extent allowed by law, I hereby release and hold harmless Queens College, the City University of New York ("CUNY"), and all affiliated entities including the CUNY Research Foundation, the Queens College Foundation, and the CUNY Board of Trustees from and against any and all liability, claims, damages, personal injury or losses whatsoever, economic or otherwise, arising out of or resulting from, directly or indirectly, an undiagnosed and/or undisclosed sickle cell trait.

Student Name (Print) - __________________________________________
Student Signature - ____________________________________________ Date - __________
Sport(s) - __________________________________________________
If Athlete is Under the Age of 18;
Parent’s Name (Print) - _______________________________________ 
Parent’s Signature - __________________________________________ Date - __________