

INFORMED CONSENT, RELEASE AND INDEMNITY

I, _____, desire to participate voluntarily in the Pre-participation Physical Examination of MOORPARK COLLEGE. I acknowledge that the school provides structural competitive opportunities for men and women with varied interest and skill levels and that the intent of the physical is to provide a required evaluation for all who participate. With my signature below, I signify my acceptance of the Pre-participation Physical Examination and understand that this physical is not a complete examination.

I understand this information will be used as an aide to provide necessary health care while I am a student-athlete. Information supplied will become part of my health record and will not be released to anyone, except by my written authorization. General information about my sports injury may be reported to the press. I also understand that a more complete physical and evaluation are available at a higher cost. Such an exam may include EKG, stress test, chest x-ray and blood/urine test.

I understand that every attempt is made to minimize the existing risks (that are inherent in the nature of some of the activities) through the use of proper sports equipment, safe facilities, and sound safety practices. However, I also understand that these risks cannot be eliminated completely. I realize that as a sports' participant, I could possibly incur injuries no matter how well conditioned I may be. Due to the nature of sports, injuries may be minor to fatal in nature. Some specific injuries that are not common in sports are listed below.

A stoppage of breath; spine and neck injuries (either of which could result in paralysis); heart failure; broken bones; heat stroke; heat exhaustion; stroke; bleeding; convulsions; unconsciousness; abrasions, fainting; sudden illness; cramps; and loss of wind. In addition, there is a potential for accidents or illness while traveling to and from competitive events.

The propensity for major injuries, such as broken bones, concussion and internal injuries to major organs increases in relation to the force of impact upon collision between two moving players. I understand that if I am participating in a collision sport, speed collisions will occur regularly, as an integral part of the sport.

These listed above are not intended to be inclusive of all injuries that may occur, but rather to inform me of the types of risks inherent in my participation in the athletic programs, so that I can make a voluntary choice to participate or not participate.

I also realize that the activity involved may be strenuous, and that the school has advised me to seek the advice of my physician before participating in this activity.

I hereby affirm that in consideration of the school's providing support for this program and allowing me to participate, I am voluntarily participating in any or all the activities of the athletic program with full knowledge of the potential danger which they present, including bodily injury, property damage, and death, and I hereby agree to accept any and all risk of such bodily injury, property damage, and death. I agree to inform trainers/doctors about any medications or supplements that I am taking, and any surgeries or upcoming surgery, medical illness, or visit(s) to my doctor.

I agree to release and hold harmless the team physicians and their agents, volunteers, officers, and employees from liability for bodily injury, property damage or death arising from my participation in the Pre-participation Physical Examination and Free injury clinic. I give this release and indemnification in exchange for the opportunity for me to participate in the Pre-participation Physical Examination and Free sports injury clinic.

I certify that I have read this agreement, that it has been explained to me, and that I may be giving up legal rights which I may otherwise have. I acknowledge that I am at least eighteen (18) years of age. If I am less than eighteen (18) years of age, my parent or guardian will sign with me.

Name (printed) _____ Date _____

Signature _____

Parent/Guardian _____ Date _____

Signature _____