ALDERSON BROADDUS UNIVERSITY

Pre-Existing Medical Condition/Injury Waiver of Liability

I, ______, acknowledge that I am aware that Alderson Broaddus University and/or Alderson Broaddus University's agents, employees, or those operating under Alderson Broaddus University's direction and control will not assume liability for medical expenses incurred due to a pre-existing injury or medical condition which occurred prior to enrollment in intercollegiate athletic while enrolled at Alderson Broaddus University. I do hereby waive my right to assert any claim against the University, its agents, employees or those operating under its direction and control for any pre-existing injury or medical condition that occurred to prior enrollment at the University or prior to practice or participation in intercollegiate athletics while enrolled at Alderson Broaddus University. I further agree to indemnify and hold harmless the University from any and all claims and/or liabilities relating to and/or arising from such a pre-existing injury or medical condition which occurred prior to enrollment at the University or prior to practice or participaties while enrolled at Alderson Broaddus University. I further agree to enrollment at the University or prior to practice or brior to enrollment at the University or prior to practice or brior to enrollment at the University or prior to practice or brior to enrollment at the University or prior to practice or brior to enrollment at the University or prior to practice or briticipation in intercollegiate athletics while enrolled at Alderson Broaddus University

Signature of Athlete

Date

Athletic Training Room Referral Procedures

I, ______, acknowledge that I am aware that Alderson Broaddus University Athletic Training Department is under specific referring procedures to the team physicians under the direct supervision of the head athletic trainer and athletic training staff. As a student athlete at Alderson Broaddus University, I am required to report all injuries/illnesses as soon as possible to the ABU athletic training department. Any student athlete seeking medical attention from the team physician will be required to have a signed injury report form from the ABU athletic training staff. Failure to comply with this procedure may result in student athletes and/or their guardians being responsible for the medical expenses incurred. ABU's insurance will consider covering only those injuries that are sustained during supervised practices or contests. Medical expenses for injuries or illnesses occurring outside of supervised practice or contest will be the responsibility of the student athlete and/or guardians.

Signature of Athlete

Date

Sport

Age