



Acknowledgement of Shared Responsibility for Sports Safety

Participation in sports requires and acceptance of risk of injury. Athletes rightfully assume that those who are responsible for the conduct of sports have taken reasonable precautions to minimize such risk and that their peers participating in the sport will not intentionally inflict injury upon them.

Periodic analysis of injury patterns leads to refinements in the rules and other safety decisions. I realize that despite improvement in equipment standards, and how well rules are refined by athletic governing bodies, or enforced by officials, risks still exist that require my compliance and cooperation with any and all safety guidelines in order to minimize injury to myself, as well as other participants. "Compliance" means respect and cooperation on everyone's part for the intent and purpose of a rule or guideline.

I have read the above shared responsibility statement. I understand that there are certain inherent risks involved in participating in intercollegiate athletics. I acknowledge the fact that these risks exist and I am willing to assume responsibility for such risks while participating in athletics at Palm Beach Atlantic University.

Printed Name: _____
 First MI Last

Athlete Signature: _____

Signature of parent/guardian (if athlete under the age of 18): _____

Witness Signature: _____ Date: _____

The undersigned, herewith,

- A. Understands that he/she must refrain from practice or play during medical treatment until he/she is discharged from treatment or given written permission by the attending team physician to resume participation.
- B. Understands that his/her having passed the physical examination does not necessarily mean that he/she is physically qualified to engage in athletics; but only that the examiner did not find medical reason to disqualify him/her.
- C. Fully realizes that Palm Beach Atlantic University cannot be held responsible for any previous medical condition (s) that he/she might have or any medical expense incurred due to any identified pre-existing medical condition and not directly attributable to any athletic participation at Palm Beach Atlantic University.
- D. Understands that the athletic medical insurance at Palm Beach Atlantic University is secondary coverage, which will cover the remaining balance on an athletic related injury only (i.e. resulting from practice, competition or conditioning sessions designated and required by the head coach).

Printed Name: _____ SSN: _____
 First MI Last

Athlete Signature: _____ Date: _____

Signature of parent/guardian (if athlete under the age of 18): _____

Witness Signature: _____ Date: _____