

**Texas State University
Consent Form**

Athlete's Name: _____
(printed)

Please read the following consent forms carefully. If you are under 18 years of age, your parents must also sign. The basic content of each is:

- A. Shared Responsibility for Sport Safety:** Acknowledges that there are certain inherent risks involved in participating in intercollegiate athletics and that you are willing to assume responsibility for such risks.
- B. Release of Information:** Allows those listed to release information concerning your injuries to the media.
- C. Release of Information:** Allows those listed to release information concerning your injuries to your parents or guardians.
- D. Release of Information:** Allows those listed to release any and all information concerning you, including records and other items listed, to professional teams, agents, scouts, etc.
- E. Medical Consent:** Allows those listed to treat any injury or illness you receive while at Texas State University.
- F. Responsibilities:** Acknowledges that you have read and understand the responsibilities of being a Texas State University student-athlete.

If you should choose to refuse to sign any of these, please write "Refused to sign", date, and your signature.

Shared Responsibility for Sport Safety - Part A

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

Our athletic trainers and physicians will periodically analyze injury patterns to refine rules and make safety decisions. However, to legislate safety via a rule book and equipment standards, while often necessary, seldom is effective by itself; and to rely on officials to endorse compliance with the rule books is as insufficient as to rely on warning labels to produce compliance with safety guidelines. "Compliance" means respect 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 at Texas State University

Signature: _____

Date: _____

Release of Information - Part B

This is to authorize Texas State University athletic trainers, team physicians, athletic coaches, and administrators to release to the Texas State University Sports Information Department and the media at any time, all medical information on my son/daughter/myself including but not limited to any information concerning illness or injury relative to my past, present, or future participation in athletics at Texas State University.

Signature: _____

Date: _____

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Release of Information - Part C

This is to authorize Texas State University athletic trainers, team physicians, athletic coaches, and administrators to release medical information on my son/daughter/myself, to my parents or guardians, any information concerning illness or injury relative to my past, present, or future participation in athletics at Texas State University.

Signature: _____

Date: _____

Release of Information - Part D

I hereby give my consent for the team physicians, athletic trainers or other medical personnel of Texas State University to release such information regarding my medical history, record of injury or surgery, record of serious illness and rehabilitation results as may be requested by the scout or representative of any professional or amateur athletic organization seeking such information.

I understand that a record will be kept of all individuals requesting such information and the date of the request. This information is normally confidential and, as provided in this release, will not be otherwise released by the parties in charge of the information.

Signature: _____

Date: _____

Medical Consent - Part E

I hereby grant permission to Texas State University team physicians and/or their consulting physicians to render my son/daughter/myself any treatment and medical or surgical care that they deem reasonably necessary to the health and well being of the student-athlete. I also hereby authorize the athletic trainers at Texas State University who are under the direction and guidance of the Texas State University team physicians, to render to my son/daughter/myself any preventative, first aid, rehabilitative or emergency treatment that they deem reasonably necessary to the health and well being of the student-athlete.

Also, when necessary for executing such case, I grant permission for hospitalization at an accredited hospital.

Signature: _____

Date: _____

Responsibilities - Part F

- I furthermore...
- A. Understand that it is my responsibility to report all injuries and illness to my staff team athletic trainer as soon as possible.
 - B. Understand that I am expected to report promptly as scheduled for treatment and/or rehab;
 - C. Understand that I will continue to receive treatment/rehab until released by my staff team athletic trainer.
 - D. Understand that Texas State University cannot be held responsible for any previous medical condition(s) I might have.

Signature: _____

Date: _____

My signature release remains valid until revoked by me in writing.