



**Acknowledgment of Personal Responsibility to Withdraw from Sports Participation Due to Pregnancy**

I, \_\_\_\_\_ hereby understand that once I become pregnant it is my responsibility to notify a member of the Athletic Training staff and remove myself from all practices, conditioning, and competitions.

I completely understand that my participation in athletics at North Georgia College & State University is voided upon becoming pregnant. North Georgia College & State University's responsibilities for any medical expenses related to athletic injuries ceases immediately upon my becoming pregnant.

\_\_\_\_\_  
Student-Athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date