NORTH GEORGIA
COLLEGE & STATE UNIVERSITY

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