2004-2005 UNCG Injury Waiver Statement/Athletic Responsibility Form

I, _____, understand that during my entire career in UNCG Athletics a potential risk of injury exists by participating in any sport. I also understand that this risk may involve unavoidable circumstances that no preparation by the Athletic or Sports Medicine Departments of UNCG would have prevented. These injuries may also be of catastrophic nature, including, but not limited to, loss of limb, paralysis, or death.

I also realize that during my entire athletic career at UNCG I have a responsibility to my own physical well being and must accurately report any injury in a timely manner to the UNCG Sports Medicine Staff. I will follow the guidelines established by the UNCG Sports Medicine Staff for rehabilitation from any injury. If I have any questions regarding my injury or care, I will ask the UNCG Sports Medicine Staff. I will also abide by the rules of the sport in which I participate.

I realize that adherence to these responsibilities in no way assures me of avoiding or lessening all injuries, including those of catastrophic nature, but by following them, I may decrease the severity of some injuries.

_____ _____
Athlete's Signature Date

_____ _____
Parent/Guardian Signature (if not 18) Date

DOB_____ Sport_____

Cleared to participate_____

_____ _____
ATC Signature Date