

**Gardner-Webb University
Athletic Training**

Consent to Participate and Acknowledgment of Risk

Participation in _____ (sport) requires an acceptance of the risk of injury. Although the risk of catastrophic injury may be remote, you should be aware that serious injury, including paralysis and even death can occur as a result of participation in intercollegiate athletics.

By your signature(s), below, you acknowledge that you accept the risk of participation in the sport of _____, and give your consent to participation.

This is the ____ day of _____, 200__.

Student-Athlete's Name: _____ Date of Birth _____

Student-Athlete's Signature _____ Date: _____, 200__

Parent's Signature: _____ Date: _____, 200__

(Needed if student-athlete is under 18 years of age.)

Medical Consent

I hereby grant permission to the Gardner-Webb University team physicians and/or their consulting physicians to render any treatment or medical or surgical care that they deem necessary to the health and well-being of the undersigned student-athlete.

I also hereby authorize the athletic trainers of Gardner-Webb University, who are under the direction and guidance of the Gardner-Webb University team physicians, to render any preventative, first aid, rehabilitation, or emergency treatment that they deem reasonably necessary to health or well-being of the undersigned student-athlete.

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

Student-Athlete's Name: _____ Date of Birth: _____

Student-Athlete's Signature _____ Date: _____

Student-Athlete's Social Security # _____ - _____ - _____

Parent's Signature _____ Date: _____

(Needed if student-athlete is under 18 years of age.)

Parent's Social Security # _____ - _____ - _____