



**PLEASE READ THE FOLLOWING CONSENT FORMS CAREFULLY:  
(If you are under 19 years of age, your parents must also sign)**

**Medical Consent**

I hereby grant permission to Doane College team physicians and/or their consulting physician to render my son/daughter or myself, any treatment, medical /surgical care that they deem reasonably necessary for the health and well being of the athlete. I also authorize the release of information concerning injuries and illness to physicians, athletic trainers, counselors, therapists, coaches and student health as needed.

I also hereby authorize the athletic trainers at Doane College who are under the direction and guidance of Doane College team physician, to render my son/daughter/myself, any preventive, first aid, rehabilitative or emergency treatment that they deem reasonably necessary for the health and well-being of the athlete.

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

Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Shared Responsibility for Sports Safety**

Participation in sport requires an acceptance of risk of injury. 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.

Through the periodic analysis of injury patterns, refinements in the rules and other safety decisions is ongoing. 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 enforce compliance with the rule book 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 Doane College.

Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_