

Authorization for Release of Injury or Illness Information

By signing my name below, I am authorizing the Simmons College Sports Medicine Staff to provide the Simmons College Student Health Center with information concerning any injuries/illnesses related to athletics concerning me. I also give the Student Health Center permission to send my records to the sports medicine department to facilitate continuity of care.

Student-Athlete Signature

Date

Parent/Guardian Signature

Date

Assumption of Risk

Supervised intercollegiate athletics and activities may be one of the least hazardous activities in which any student can engage in while enrolled in college. Nevertheless, by its very nature, participation in intercollegiate athletics includes a risk of injury which may range in severity from minor to long term catastrophic, including permanent paralysis from the neck down or death. Although serious injuries are not common in supervised school athletic programs, it is possible only to minimize, not eliminate risk.

By signing my name below, I acknowledge that I can reduce my own chance of injury by my own actions. I understand and agree that, while participating in a Simmons sports program, I shall obey all rules, follow my coaches and trainers instructions, report all physical problems to my coach or athletic trainer, follow a proper conditioning program pre-season and during the season and inspect my athletic equipment frequently.

Student-Athlete Signature

Date

Parent/Guardian Signature

Date

Pierced Ears, Earrings, and Body Jewelry

Simmons College does not condone the puncturing of body parts (i.e. earlobe, nose, tongue, belly button, eyebrow, nipple, etc) or the use or wearing of earrings and/or pierced body ornaments during athletic competition. I, as the student-athlete signed below, acknowledge the aforementioned statements and policies, and accept any and all liability if I should sustain an injury during athletic competition as the result of having any earrings or body jewelry on my person during said competition.

Student-Athlete Signature

Date

Parent/Guardian Signature

Date

**Please return to: Alicia Roane
Head Athletic Trainer
Simmons College
300 The Fenway
Boston, MA 02115**