

WVU INTERCOLLEGIATE ATHLETICS

I. NOTICE OF RISK & POTENTIAL CONSEQUENCES

I, _____ (print name), verify that I have been informed that I may be injured while participating in intercollegiate athletic practice or competition. I understand that it is possible that I may sustain an injury which may result in permanent disability, paralysis, or possibly death. I understand that paralysis may include loss of movement, feeling, and use of my arms, legs, and trunk. I further understand that paralysis may involve complete loss of sexual function, and/or bowel and bladder control which would require the use of external aids, attached or inserted into my body for the collection and removal of wastes.

I understand that paralysis and its effects could last my entire lifetime.

In addition, I understand that an injury to any of my body joints (ie. ankle, knee, hip, spine, or shoulder) may result in disfigurement, loss of movement, strength or feeling which may last my entire lifetime.

I understand it is my responsibility to adhere to all rules and regulations of my chosen sport and to follow the West Virginia University Department of Intercollegiate Athletics Concussion Management Plan (CMP). I understand that infraction of the rules or violating the CMP may result in injury to me or my opponent. I also understand that no modification of protective equipment or uniform should be made.

In addition, I understand that it is my responsibility to report faulty or poor-fitting equipment immediately to the coach, equipment manager, or athletic trainer. I understand that **all injuries are to be reported** to the athletic trainer and that I am responsible for the follow-up care and treatment of my injuries under the athletic trainer's supervision. **Under no circumstances should injuries be concealed.** This includes signs/symptoms associated with cerebral concussion. These signs and symptoms can include loss of consciousness (getting 'knocked out'), headache/pressure in the head, sensitivity to light, visual disturbances, amnesia/difficulty with memory, confusion/difficulty in concentrating, fatigue/feeling slowed down/ or 'in a fog', dizziness, nausea/vomiting, sleep disturbances, irritability, mood changes/more emotional or nervousness.

I accept these risks of participation in _____ (sport) during the 20__ - 20__ season.

II. CONSENT TO EXAMINATION AND TREATMENT

I, _____ (print name), consent to the examination and treatment by health care providers of West Virginia University Department of Intercollegiate Athletics. I realize that students who are supervised by other health care providers may perform my treatment.

I authorize West Virginia University Department of Intercollegiate Athletics to release my medical records and any other information relating to my care (specifically including information related to psychiatric, substance abuse, or HIV treatment) to any person, company or agency who may need them for treatment, payment, or other health care operations as outlined in the West Virginia University Department of Intercollegiate Athletics Notice of Privacy Practices.

By signing below, I declare that I have read and understand this NOTICE OF RISK AND POTENTIAL CONSEQUENCES and CONSENT TO EXAMINATION AND TREATMENT document. I also acknowledge that I have been given opportunity to ask questions about this document.

Signature

Date

04/17/15