South Dakota School of Mines and Technology
Athletic Training Department
501 E. St. Joseph St.
King Center
Rapid City, SD 57701
Phone 605-394-6870

NCAA Acceptance of Risk Waiver & Release of Medical Information 2014-2015

Student Name: _____ Sport: _____
Last First MI

Please read the following completely and carefully.
You must sign and return to your coach before participating in your first practice.

1. I (We), the undersigned, hereby certify that the answers to the questions provided on the *Health History* and *Intercollegiate Athletics Pre-participation Health Examination Record* are correct, true and honest.

   Additionally, the application to compete in athletics at the South Dakota School of Mines and Technology is made with the understanding that I have not violated any of the eligibility rules and regulations of the National Collegiate Athletic Association.

2. I (We), understand and accept the risk of injury, the possibilities of permanent disability and death inherent to my relevant sport. By signing below, the student athlete pledges to do the best to reduce these risks by keeping in the best physical condition and by following the advice of the team physician, athletic trainers and coaches concerning the prevention, treatment and rehabilitation of athletic injuries.

3. I (We), give permission to the sports medicine staff to hospitalize and/or secure treatment; including immediate first aid, physical exam, follow-up and rehabilitation in the athletic training room for any athletic injury. If the student athlete is under the age of 18, the undersigned parent grants permission to the sports medicine staff to hospitalize and/or secure treatment for my son/daughter or ward for any athletic injury.

4. I (We), authorize South Dakota School of Mines and Technology and its coaching staff, certified athletic trainers, consulting physicians and health care personnel to exchange, written or orally, my protected health information and any related information regarding any athletic injury or illness which affects my ability to participate in physical activities at South Dakota School of Mines and Technology. Any revocation of this authorization must be made by sending a written notification to the SDSMT head athletic trainer.

I (We), the undersigned have read and understand the Acceptance of Risk Waiver & Release of Medical Information statement and agree to follow its policies and procedures. I (We), also hereby release South Dakota School of Mines and Technology, its agents and employees, from any liability caused by or arising out of athletic participation in the University's athletic program.

_____ _____
Athlete's Signature **Parent's Signature** **(if student athlete is under 18)**

_____ _____
Date **Date**

Send this form to your Athleitic Trainer at the following address:

Scott J. Baird ATC
South Dakota School of Mines and Technology
501 E. St. Joseph St.
King Center
Rapid City, SD 57701