

Name:

Sport:

**Jacksonville College Sports Medicine  
Catastrophic Injury Assumption of Risk, Release of Claims and Indemnity Agreement &  
Certification of Health Insurance Coverage**

**\*\*\*Complete this form if you (student-athlete) are 18 years of age or older\*\*\***

Student-Athlete: \_\_\_\_\_

Sport(s): \_\_\_\_\_

I, the above named student-athlete, am eighteen years of age or older. I acknowledge that participation in the above activity may expose me to hazards or risks that may result in my illness, personal injury or death and I understand and appreciate the nature of such hazards and risks.

In consideration of my participation in the described sport under the auspices of the Department of Intercollegiate Athletics at Jacksonville College and of my use of the program's facilities and equipment, I hereby accept all risk to my health and of my injury or death that may result from such participation. I hereby release the above named Institution, its governing board, officers, employees and representatives from any liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person, including my death, that may result from or occur during my participation, whether caused by negligence of the Institution, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless the Institution and its governing board, officers, employees and representatives from liability for the injury or death of any person(s) and damage to property that may result from my negligence or intentional act or omission while participating in the activity.

**I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DEATH OR DAMAGE TO MY PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGENCE OR INTENTIONAL ACT OR OMISSION.**

\_\_\_\_\_  
Student-Athlete's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

**Jacksonville College Sports**

Name:

Sport:

**Jacksonville College  
Medicine Consent to Treat**

**CONSENT TO TREAT**

I hereby grant permission to the Jacksonville College team physicians and/or their consulting physicians to provide (my son), (my daughter), (me) with any treatment or medical or surgical care that they deem reasonably necessary to the health and well-being of the athlete. I also, hereby, authorize the athletic trainers at the Jacksonville College, who are under the direction and guidance of the Jacksonville College team physicians, to provide (my son), (my daughter), (me) with any preventive, first aid, rehabilitative or emergency treatment that they deem reasonably necessary to the health and well-being of the athlete. Also, when necessary for providing such care, I grant permission for hospitalization at an accredited hospital. Furthermore, to the greatest extent allowed by law, I agree to release Jacksonville College's team physicians, its consulting physicians and athletic trainers from any and all claims arising from or related to the treatment or health care provided to the athlete.

\_\_\_\_\_  
Athlete's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**(Required if athlete is under 18 years of age)**

**\*\*These authorizations may be withdrawn at any time by a written, dated request of the signee\*\***

Eligibility Year (Fr/So): \_\_\_\_\_