Assumption of Risk Statement

I, _____, understand that as a student-athletes at Freed-Hardeman University, I may at any time receive an injury while participating in the athletic program.

_____ Student-athlete Signature

_____ Parent Signature, if under 18

_____ Date

_____ Date

Permission for Treatment Statement

I, _____, grant permission for the athletic training staff at Freed-Hardeman University to provide first aid treatment for any injury I sustain as a result of athletic participation. Permission is also granted for the athletic training staff to make decisions concerning the need for medical referral and rehabilitation for my possible injury.

_____ Student-athlete Signature

_____ Parent Signature, if under 18

_____ Date

_____ Date

Acknowledgement of Reading Documents and Providing Accurate Information

I, _____ , have read the attached documents and completed all required information accurately. I understand that if I seek treatment outside my Primary Insurance Carrier's Network (HMO/PPO) without permission from said carrier I am financially responsible for bills that are incurred, Student Athletic Protection, INC. and Freed- Hardeman University are not financially responsible.

_____ Student- athlete Signature

_____ Parent Signature, if under 18

_____ Date

_____ Date