



Department of Intercollegiate Athletics

**Personal, parent, or legal guardian
permission for student athletic participation**

The University of Central Missouri athletic program is an integral part of the university, and administrators, coaches, athletic trainers and physicians at the institution are committed to helping student-athletes avoid injury.

However, I am aware that playing or practicing in any sport can be a dangerous activity involving many risks of injury. I understand that the dangers and risks of playing or practicing in any sport include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis or brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons and other aspects of the musculoskeletal system, and serious injury or impairment to other aspects of my own (or my son/daughter, if parent or legal guardian) body, general health or well being.

Because of the dangers of participating in any sport, I recognize the importance of following the coach's instructions regarding playing techniques, training rules of the sport, other team rules, and to obey such instructions. All participants have the responsibility to help reduce the chance of injury. Therefore, all student-athletes must obey all safety rules and regulations, report all physical problems to the coach and athletic trainer, follow a proper conditioning program, and inspect personal protective equipment daily. Proper execution of skill technique must be followed for every sport, especially in contact sports.

*(Please **initial** each of the following statements to show that this statement has been read, understood and approved)*

- _____ I consent to have my self/son/daughter represent Central Missouri in approved activities except those activities excluded by the examining team physician.
- _____ I grant permission for my self/son/daughter to accompany any Central Missouri athletic team of which he/she is a member to out of town trips. The student-athlete will be transported to and from all events in University approved vehicles. Parents wishing to have their son/daughter travel with them when returning from an event must make prior arrangements with the coach.
- _____ In the case of an emergency requiring medical attention, I grant permission for any immediate treatment deemed necessary by the attending physician and also authorize transfer of my self/son/daughter to a qualified medical facility.
- _____ I acknowledge and accept that there are risks of physical injury involved in athletic participation which may result in permanent paralysis, mental disability and death.
- _____ I hereby voluntarily assume all risks associated with participation and in return for allowing me (or my son/daughter) to participate, I agree to release, exonerate and save harmless Central Missouri and their agents, servants, and employees, the athletic staff of Central Missouri, the athletic trainers and staff of Central Missouri, the physicians and other practitioners of the healing arts treating self/son/daughter from any and all liability, claims, causes of action or demands for negligence or under any other theory of recovery which may arise by, or in connection with, my (or my son/daughter's) participation in any activities, including travel, related to the Central Missouri team in which my self/son/daughter is involved.

Nothing herein is intended to waive or in any way affect the defense of sovereign immunity which University of Central Missouri enjoys under the laws of this State. This authorization expires six years from the date it is signed.

Printed Athlete's Name: _____ **Date of Birth:** _____

Athlete's Signature: _____ **Sport:** _____
Date: _____

SIGNATURE OF PARENT/GUARDIAN IF ATHLETE IS UNDER AGE 18:

Printed Parent/legal guardian Name: _____

Parent/legal guardian Signature: _____
Date: _____