

# **ACCEPTANCE OF RISK/LIABILITY WAIVER**

I understand and accept the risks of injury, permanent disability and death that is inherent in the sport of \_\_\_\_\_. I will do my best to reduce these risks by keeping in the best physical condition, properly using protective equipment and communicating openly with the coaches, Sports Medicine Staff and equipment personnel. I understand that my participation in athletics is purely voluntary; no one is forcing me to participate and I elect to participate in spite of the associated risks.

I understand that I have the responsibility to check my equipment at least twice a week for any damage or faulty parts (ie. cracked helmet shell, loose shoulder pad rivet, worn shin guards, worn mouthpiece, etc) and that I must report these immediately to the equipment personnel or coach for replacement or repair. Likewise, I understand that I have a responsibility to use proper training technique (ie. blocking, tackling, etc.) and to consult with the appropriate individual if I am uncomfortable with or do not understand a playing technique.

I understand that it is my responsibility to promptly notify the coach and/or sports medicine staff of any changes in my health status, including illness or injury. It is my responsibility to communicate with my coaches and athletic trainer(s) when I have an injury which may limit my ability to function in practice or competition. I grant permission to the Sports Medicine staff to hospitalize and secure treatment for myself for any athletic injury or serious medical condition. It is also my responsibility to follow injury prevention and rehabilitation programs developed for me.

My signature indicates that I have read and fully understand the preceding Acceptance of Risk/Liability Waiver and agree to follow its procedures. I also hereby release Christopher Newport University, the Sports Medicine Staff, coaches, and its agents and employees from any liability caused by or arising out of my participation in this college athletics program. I am signing voluntarily, knowing that in doing so I am limiting my legal rights to which I might otherwise be entitled.

\_\_\_\_\_  
Athlete's Name

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature (if student-athlete is under 18)