

<p style="text-align: center;">GRAND CANYON UNIVERSITY STUDENT-ATHLETE ACKNOWLEDGMENT AND CONSENT INFORMATION:</p>

Acknowledgement of Risk and Consent to Participate:

I am aware that the very nature of athletic participation carries with it an inherent risk of injury. I understand that the dangers and risks of participating in athletics, whether in competition or preparing to compete, include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious musculoskeletal injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of my body and general health and well being. In addition, I am aware that participation in intercollegiate athletics will involve traveling with the team, and that such traveling may expose me to the risks of a motor vehicle accident, as well as other conditions that result from traveling.

Having understood the risks of athletic participation and particularly the risk inherent in the sport listed above, **I voluntarily assume and accept these risks** as they have been explained above. I realize that the coaching staff, athletic trainer, administrators, and other Grand Canyon University personnel will do those things necessary to reduce the risk of injury. However, I realize and accept that these measures will not prevent all athletic injuries to myself or to other student-athletes. I also accept the responsibility in taking personal measures to help prevent injury to myself or other student-athletes by notifying the coaching staff, athletic trainer, administrators or other Grand Canyon University personnel of conditions that I am aware of that may predispose me or other student-athletes to an increased risk of injury resulting from athletic participation.

Consent to Treat and Transport:

I grant permission to the Director of Health Services, Athletic Trainer or Coaching Staff member from Grand Canyon University to proceed with needed medical and minor surgical treatment, ambulance notification, x-ray and immunization. My signature consents that needed emergency treatment may be given as necessary for the best interest of the student-athlete. In the event that emergency treatment should be necessary, a copy of this permission will be furnished by the physician in charge.

Consent to Release of Medical Information:

As a student-athlete at Grand Canyon University, athletically related injuries may require services of a physician or medical treatment facility.

I understand that, as a student-athlete, I am required to carry a primary insurance policy (either institutional student insurance or the student-athlete may be covered under their parent/guardian insurance plan.) All claims will be submitted initially to this plan.

The university has insurance coverage for student-athletes as a **SECONDARY INSURANCE POLICY FOR ATHLETICALLY RELATED INJURIES ONLY**. This means that after the primary plan has considered any claims, the University insurance will take over. In the event that a primary policy does not cover intercollegiate athletically related injuries, the University policy becomes the primary policy. Student-athletes are required to provide insurance information in order to participate in intercollegiate athletics. For the University to file for benefits under these policies, the student-athlete (or parent/guardian) must provide copies of all bills and primary coverage **explanation of benefits (EOB)**. These copies **must** be submitted to the University insurance coordinator in a timely manor to prevent delays resulting in late payment of bills.

In signing the *signature page*, I acknowledge my understanding of this policy and grant permission to the Grand Canyon University athletic training staff and/or insurance coordinator to contact my parents/guardians and pertinent medical facilities to gain information regarding insurance and insurance claims information for athletic injury claims at Grand Canyon University.

Authorization/Consent for Disclosure of Protected Health Information to the NCAA:

My signature on the *signature page* indicates my consent for Grand Canyon University and its physicians, athletic trainers and health care personnel to disclose my protected health information and any related information regarding any injury or illness during my training for and participation in intercollegiate athletics to the National Collegiate Athletic Association (NCAA) and its employees or agents.

I understand that my protected health information will be used only by the NCAA's Injury Surveillance System (ISS) for the purpose of conducting research on injuries resulting from training for or participation in athletics. The ISS is a longitudinal research database that provides the NCAA, NCAA sports rules committees, athletic conferences, researchers and individual schools with summary (aggregate) injury and participation information that does not identify individual athletes or schools. The summary data provide the Association and other groups with an information resource upon which to base health and safety rules and policy and to examine the effectiveness of such efforts.

I understand that my injury/illness information is protected by federal regulations under either the Health Information Portability and Accountability Act (HIPAA) or the Family Educational Rights and Privacy Act of 1974 (the Buckley Amendment) and may not be disclosed without either my authorization under HIPAA or my consent under the Buckley Amendment. I understand that my signing of this authorization/consent is voluntary and that my institution will not condition or withhold any health care treatment or payment, enrollment in a health plan or receipt of any benefits (if applicable) on whether I provide the consent or authorization requested for this disclosure. I also understand that I am not required to sign this authorization/consent in order to be eligible for participation in NCAA athletics.

I understand that while HIPAA regulations do not apply to the NCAA's use or disclosure of my injury/illness information, the NCAA is committed to protecting my privacy. I understand that the protected health information will be encoded before being transmitted from my institution to the NCAA and that neither the NCAA nor the ISS will identify me personally in any publication or disclosure of research results. Data will be stored on a secure server at the NCAA national office in Indianapolis, Indiana.

This authorization/consent expires 380 days from the date of my signature below, but I have the right to revoke it in writing at any time by sending written notification to the athletics director at my institution. I understand that a revocation takes effect on its request date and does not affect any action taken prior to that date.

Acknowledgement Regarding Athletic Secondary Insurance at GCU:

- **Athletic injuries and their costs are, ultimately, the responsibility of the student athlete, not Grand Canyon University (GCU).** The University purchases athletic insurance on the students' behalf, and attempts to assist the student with the filing of claims under that policy. However, compliance with the terms and conditions of the policy is also the ultimate responsibility of the student.
- If the student does not cooperate with the insurance company and follow its rules—or if the company determines that the injury or treatment is not covered under the policy and the patient/student does not pay the medical bill by some other means—the bills may be sent to a collection agency in the name of the patient: that is, the student athlete. The student's credit rating can be impacted by this non-payment/non-compliance.
- **Athletic insurance is secondary insurance.** This means that the insurance company will pay only after you have cooperated in providing information / documentation related to your primary insurance. (For example, the insurance company may require an Explanation of Benefits from the primary carrier.)
- Student must see a medical professional for an injury no later than 90 days after an initial injury.
- Issues on such things as obtaining a second opinion, treatment outside the plan, pre-existing conditions, what is or is not an athletic injury, etc. should be directed to the athletic insurance company. GCU personnel cannot answer these questions, but can only assist the student in contacting the carrier for answers.
- Most important: The issue of an athletic injury is between the student athlete and the insurance company. GCU buys the insurance to supplement the students' primary insurance, and helps the student with forms, etc. BUT, GCU personnel are not insurance agents, experts, or parents AND GCU is not responsible for any medical bills incurred by the student athlete. We care about the student and want to help, but the roles must be kept clear.
Signature on the signature page indicates that the Student-Athlete (as well as the holder of the primary health insurance policy under which the student-athlete is covered) has read and understands the above information.

2009-10 GCU Intercollegiate Athletics Athletic Training Forms Signature Page

In an effort to reduce redundant paperwork in your student-athlete file in the athletic training room, this document has been created to allow for you to indicate your acknowledgement, consent and acceptance of the policies and/or procedures in the *GCU Student-Athlete Acknowledgement and Consent Information* pages.

Acknowledgement of Risk and Consent to Participate:

I have read the statement and understand that participating in athletics has inherent risks of possible bodily damage or injury as explained. I voluntarily assume and accept the risk of participating in intercollegiate athletic activities at Grand Canyon University

Consent to Treat and Transport:

I have read the statement and consent that needed emergency treatment may be given as deemed necessary by authorized personnel.

Consent to Release of Medical Information:

I have read the statement and acknowledge my understanding of this policy and grant permission to the Grand Canyon University athletic training staff and/or insurance coordinator to contact my parents/guardians and pertinent medical facilities to gain information regarding insurance and insurance claims information for athletic injury claims at Grand Canyon University.

Authorization/Consent for Disclosure of Protected Health Information to the NCAA:

I have read the statement and consent for Grand Canyon University and its physicians, athletic trainers and health care personnel to disclose my protected health information and any related information regarding any injury or illness during my training for and participation in intercollegiate athletics to the National Collegiate Athletic Association (NCAA) and its employees or agents.

Acknowledgement Regarding Athletic Secondary Insurance at GCU:

I (as well as the holder of the primary health insurance policy under which the student-athlete is covered) have read the statement and understand the stated information regarding GCU's Secondary Athletic Related Insurance coverage.

Student Name:		Sport:	
Signature:		Date Signed:	
<i>If Student Athlete is a Minor (not yet 18 years of age) Parent/Legal Guardian must also sign below</i>			
Parent:		Date Signed:	