

# 2007-08 Intercollegiate Athletics

## ACKNOWLEDGMENT OF RISK AND CONSENT TO PARTICIPATE FOR STUDENT-ATHLETES

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

Sport: \_\_\_\_\_

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.

I have read the above statement and understand that participating in athletics has inherent risks of possible bodily damage or injury as explained above.

\_\_\_\_\_  
Signature of Student-Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent/guardian (if student-athlete is under 18)

\_\_\_\_\_  
Date

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.

\_\_\_\_\_  
Signature of student-athlete

\_\_\_\_\_  
Date

If the student-athlete is a **minor**, the following portion must also be completed by the parent/guardian:

As the parent/guardian of the above mentioned student-athlete, I understand the above statements and give consent for the named student-athlete to participate in intercollegiate athletics at Grand Canyon University.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date



**Grand Canyon University, Office of Intercollegiate Athletics**

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