

**NORTHLAND COMMUNITY & TECHNICAL COLLEGE
ATHLETE'S RISK ACKNOWLEDGEMENT & CONSENT to PARTICIPATE FORM**

Please read carefully. The athlete must personally fill in all blanks.

Name _____ **Date of Birth** _____

I wish to participate in the sport/intramural activities of _____
at Northland Community and Technical College during the _____ season/school
year.

I realize there are risks involved in my participation, and I attended a meeting on
_____ where these risks were discussed and explained. I completed the Health
History and Health Insurance forms, read the Medical Report on Athletics, and listened to
presentations by administrators, coaches, and sports medicine experts. I understand these risks
include a full range of injuries, from minor to severe, and recognize the possibility I might die,
become paralyzed, or suffer other serious, permanent disability as a result of my participation in
this sport/intramural program. I realize that neither the protective equipment used in the sport,
the safety rules and procedures of the sport, the coaching instruction I receive, nor the sports
medicine care I am provided will guarantee my safety or prevent all injuries I might sustain. I
agree to accept those risks as a condition of my participation.

¹I also realize my _____ creates some additional risks
for me, and I discussed these risks with sports program administrators, coaches, and sports
medicine personnel in meeting on _____. They have explained to me,
because of this condition, the special concerns for me are² _____

I understand these concerns and agree to follow directions and recommendations of my
physicians, the sports program physicians, and athletic trainers. I also agree to accept these
additional risks to me as part of my participation in this program.

Date

Signature

¹ If this section does not apply to you, write "not applicable" in all three spaces.

² List all concerns. Write on additional paper if more space is required.