

I allow the athletic training staff at Northland College to disclose information regarding any injury I might receive during the course of my athletic season(s) as well as any other pertinent health information to members of the coaching staff, treating physicians, the emergency room or any other related health care providers, such as physical therapists.

I understand that my health information is private and cannot be disclosed to the media or other individuals not involved in my participation in athletics without my written consent.

I also understand that I have a right to withdraw my consent at any time, and I must do so in writing.

Please sign the release of health information form and return it to the athletic training office at Northland College.

Thank you.

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Signature

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Date