Maricopa Community Colleges Intercollegiate Athletics Consent Form

Assumption of Risk and Release of Liability

I ________________________, freely choose to participate in the athletic program (henceforth referred to as the “Program”) at a Maricopa County Community College District (MCCCD) institution. In consideration of my participation in this program, I agree as follows:

RISKS INVOLVED IN PROGRAM: Participation in all sports requires an acceptance of risk of injury, such as pre-season physical examinations, proper facilities maintenance, and instruction of correct sports technique; we attempt to provide a safe, competitive environment for all student athletes. In addition we have team physicians, (general practitioner and orthopedic specialist) and certified athletic trainers to assist you with injury prevention and treatment.

In spite of these efforts, injuries do occur. Athletic competition, by its very nature results in numerous uncontrollable situations where injuries cannot be avoided. As an athletic participant, there is always the possibility that you may sustain an injury. The injury may range from a minor one to one of great severity and which could result in deformity, paralysis, or even death.

HEALTH AND SAFETY: I have been advised to consult with a medical doctor with regard to my personal medical needs. I state that there are no health-related reasons or problems that preclude or restrict my participation in this Program. I have obtained the required immunizations, if any.

I recognize that MCCCD is not obligated to attend to any of my medical or medication needs (to include any injuries that have occurred outside an MCCCD athletics program), and I assume all risk and responsibility therefore. In case of a medical emergency occurring during my participation in this Program, I authorize in advance the representative MCCCD to secure whatever treatment is necessary, including the administration of an anesthetic and surgery. MCCCD may (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding my health and safety. Such actions do not create a special relationship between the Maricopa County Community College District (MCCCD) and me. I release the MCCCD, its officers, officials, employees, volunteers, students, agents and assigns from any liability for any bodily injury or damage I sustain as a result of any medical care that I receive resulting from my participation in Program, as well as any medical treatment decision or recommendation made by an employee or agent of the MCCCD. I agree to pay all expenses relating thereto and release MCCCD from any liability for any actions. I have been advised that I am covered under a secondary athletic accident injury insurance policy for injuries sustained while participating in athletics at a MCCCD institution. I understand that any outstanding debts incurred as a result of medical treatment for that injury is my sole responsibility.

ASSUMPTION OF RISK AND RELEASE OF LIABILITY: Knowing the risks described above, and in voluntary consideration of being permitted to participate in the Program, I agree to release, indemnify, and defend MCCCD and their officials, officers, employees, agents, volunteers, sponsors, and students from and against any claim which I, the participant, my parents or legal guardian or any other person may have for any loses, damages or injuries arising out of or in connection with my participation in this Program.

SIGNATURE: I indicate that by my signature below that I have read the terms and conditions of participation and agree to abide by them. I have carefully read this Release Form and acknowledge that I understand it. No representation, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. This Release Form shall be governed by the laws of the State of Arizona which shall be the forum for any lawsuits filed under or incident to this Release Form of to the Program. If any portion of this Release Form is held invalid, the rest of the document shall continue in full force and effect.

___________________________________  ______________________
Signature of Student (and Parent/Guardian if under 18)  Date

__________________________________________
Print or Type Full Name
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This form authorizes the Maricopa Community Colleges and its colleges to release certain personal information about you for educational purposes, including information that may be subject to the Family Education Rights and Privacy Act of 1974 (FERPA) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Please read it carefully.

“Personal information” means specific information about you, including education records and personal health information, that the Maricopa Community Colleges or its college(s) disclose: as a condition to permitting you to participate in college intercollegiate athletics; to benefit you in pursuing athletics beyond the Maricopa Community Colleges; to address your health as you play college intercollegiate athletics; or to highlight the colleges’ intercollegiate athletics programs or your participation in them. It includes, as is appropriate to the specific use, your name, address, telephone number, date and place of birth, medical or health conditions, major field of study, participation in officially recognized activities and intercollegiate athletics, weight and height, dates of college attendance, degrees and awards, grade point average, email address, intercollegiate athletics in which you have participated and positions played, the name of your high school(s), the name of any other postsecondary institution you have attended, and your home town. The term also includes any photo, portrait, video clip, or other image of you created by any person for or on behalf the Maricopa Community Colleges, its colleges or any other educational institutions that you have attended.

By signing this form, I certify that:

1. I have read and understand the definition of “personal information” specified in this form.

2. I authorize the release of personal information for the purposes specified in this form except that listed here: __________________________

3. I authorize FULL DISCLOSURE of personal information concerning any athletic injury I may sustain while participating in intercollegiate athletics at a college.

4. I understand that some or all of the following persons may be told about my health conditions: coaches, media, parents, athletic directors, team physicians, doctors’ staff, referral sources, and the Maricopa Community Colleges insurance brokers or companies.

5. I authorize the use and disclosure of personal information for the following purposes:
   - In promotional literature or video presentations about college athletic programs or about the Maricopa Community Colleges in general;
   - In any Internet website maintained by or for the benefit of the Maricopa Community Colleges and its colleges;
   - To disseminate to the National Junior College Athletic Association concerning my participation in inter-collegiate athletics;
   - To include in any program or publication about an athletic event sponsored by the Maricopa Community Colleges or its colleges or by any other organization and in which the Maricopa Community Colleges or its colleges is participating;
   - To disseminate to other postsecondary institutions in connection with their recruitment activities;
   - To release to any newspaper, broadcasting entity, or any other media outlet;
   - To disseminate to any high school or other educational institution that I have attended.

I understand that I have the right not to consent to the release of my education records and to receive a copy of them on request. This consent shall remain in effect until revoked by me, in writing, and delivered to the Maricopa Community Colleges. Any revocation will not affect disclosures that the Maricopa Community Colleges made before receiving my revocation.

______________________________________________________  ______________________________________________________
Signature of Student (and Parent/Guardian if under 18)     Print Name of Student

Date: ____________________________________________________  Print Name of Parent/Guardian if applicable