

Oklahoma State University
Athletic Department – 170 Athletics Center Training Room
Stillwater, OK – 74078

Participation Release/Waiver

Name: _____ SS#: _____ - _____ - _____ Sport: _____

Date of Birth: _____ CWID if applicable: _____

*** If you are under 18 years old, this must be completed by a parent/guardian ***

Catastrophic Injury, Illness & Assumption of Risk

The possibility of sustaining a catastrophic injury, which could lead to permanent disability or even death, is inherent in any athletic activity. I am assuming the risk that without a proper examination and physical, an underlying health condition may go undetected therefore the possibility exists that participation in any sports program can result in serious unforeseeable medical health problems. With this information, I understand the importance of rules and procedures as well as proper technique and that the possibility of a catastrophic injury or death does exist even when followed to the fullest and I assume all risk and all liability for any illnesses, injuries or medical conditions that may occur.

Date: _____ Signature: _____

Release of Liability

Until I am officially on the roster as an Oklahoma State University intercollegiate-level student-athlete and I have had a pre-participation physical and have been cleared by an OSU team physician, I understand that by signing below, I certify that if I suffer any injury, illness or health related condition athletic related or not, I release Oklahoma State University of any liability, responsibility, financially or otherwise. I also understand I am required to have health insurance that covers athletic related injuries in the state of Oklahoma for the duration of my try out/participation in OSU Sports. **Please supply a copy of the front and back of your insurance card.** No exceptions.

Date: _____ Signature: _____

Consent to Treat

I give authorization to the staff athletic trainer and/or team physician to evaluate and treat any injuries, illnesses or medical conditions that occur during my athletic participation at Oklahoma State University. (This includes immediate first aid, medication and treatment, x-ray, physical exam, follow-up care and rehabilitation.) I understand the team physician has the authority to eliminate me from further participation due to an injury, illness or other medical condition and/or the undue liability risk of Oklahoma State University.

Date: _____ Signature: _____

*** These authorizations may be withdrawn at any time by a written, dated request of the signer. ***