Saint Louis Community College
Agreement to Participate and Release
(Intercollegiate Athletics)

Sport (check appropriate box):

- Volleyball
- Softball
- Baseball
- Men’s Basketball
- Men’s Soccer
- Women’s Basketball
- Women’s Soccer

A. I ______________________________ (Student Athlete) am aware that playing or practicing in any sport can be a dangerous activity involving many risks of injury. I understand that the dangers and risks of playing or practicing in the above sport include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis or brain damage, serious 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, general health, and well-being.

Because of the dangers of participating in the above sport, I recognize the importance of following the coach’s instructions regarding playing techniques, training, rules of the sport, other team rules, and to agree to obey such instructions.

In consideration of Saint Louis Community College (“College”) permitting me to practice, play, or try out for practicing, playing, and travel, I hereby voluntarily assume all risks associated with participation and agree to exonerate and save harmless the College, its agents, servants, and employees, the athletic staff of the College, the physicians and other practitioners of the healing arts treating me from any and all liability with my participation in any activities related to the _____________ (indicate sport) team.

B. I hereby assume full responsibility for the risk of bodily injury, death or property damage due to the negligence or releases or otherwise while competing, officiating in, working or for any purpose participating in _____________ (name of activity).

I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Missouri, and that if any portion thereof is held invalid, it is agreed that the balance shall notwithstanding, continue in full legal force and effect.

The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assigns, and all members of my family.

I hereby agree to submit any disputes that may arise between myself and the College, its agents, servants, and employees, the athletic staff, the physicians and other practitioners of the healing arts treating me, and all their agents, servants and employees, in connection with my activities at the College, to binding arbitration before three arbitrators, in accordance with the Rules of the American Arbitration Association.

(For contact or collision sports):
I specifically acknowledge that ____________________________ (indicate sport) is a violent contact sport, involving even a greater risk of injury than other sports.

____________________ Student Athlete (initials)

Name of Student-Athlete (please Print) ____________________________ Signature ____________________________ Date ____________________________
Please read the following consent form carefully! If you are under 18 years of age, your parents/guardians must also sign.

<table>
<thead>
<tr>
<th>1. Medical Consent:</th>
<th>Allows College athletic trainers or physicians to treat any injury you receive while at Saint Louis Community College (“College”).</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Release of Information:</td>
<td>Allows those listed above to release information concerning your injuries to the media.</td>
</tr>
<tr>
<td>3. Release of Information:</td>
<td>Allows those listed above to release any and all information concerning you, including records and other items listed, to professional teams, agents, scouts.</td>
</tr>
<tr>
<td>4. Medical Insurance</td>
<td>Allows the College to file a medical claim on the student-athletes behalf</td>
</tr>
<tr>
<td>5. Release for Travel</td>
<td>Allows the individual to travel and participate in various events</td>
</tr>
</tbody>
</table>

If you should choose to refuse to sign any of these, please write “Refused to Sign”, the date, and your Signature.

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### Medical Consent-Part 1

I hereby grant permission to the College physicians and/or consulting physicians to render to my son, daughter, or me any treatment, medical or surgical care that they deem reasonably necessary to the health and well-being of the athlete.

I also hereby authorize the athletic trainers at the College who are under the direction and guidance of the College team physicians to render my son, daughter or me any preventive first aid, rehabilitative, or emergency treatment that they deem reasonable and necessary to the health and well-being of the athlete.

Also, when necessary for executing such care, I grant permission for my admission to an accredited hospital.

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**Date**

**Student/Athlete Signature:**

**Name of Student (please Print)**

**Student Number**

**Parent or Guardian**

Signature may be that of athlete over 18 years of age; if under 18 please have it signed by parent or guardian.

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### Authorization for Release of Information – Part 2

This authorizes the College athletic trainers, team physicians, and athletic coaches to release medical information on my son, daughter, or me, to the College Sports Information Department, and the various media outlets, any information concerning illness or injury relative to my past, present, or future participation in athletics at Saint Louis Community College.

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**Date:**

**Student/Athlete Signature:**

**Name of Student (please print)**

**Student Number**

**Parent or Guardian**

Signature may be that of athlete over 18 years of age; if under 18 please have it signed by parent or guardian.

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### Authorization of Release Information – Part 3

I hereby request the College, and its duly authorized agents, servants or employees (including coaches, athletic trainers, and physicians), to furnish to all professional teams, their scouts, representative agents, athletic trainers, physicians, servants, or employees, any and all information concerning or having bearing upon my participation in athletics at the College. Said authorization shall include, but is not limited to, any and all information within the College’s knowledge, or contained in any records under its supervision or control concerning my physical condition, illnesses, injuries and any treatment, hospitalization, examinations, or other tests rendered to me, and allow the College to furnish such person or organizations originals or copies of all written reports, hospital records, tests, X-rays, and to make such reports to such persons or organizations concerning me as they may request.

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**Date:**

**Student/Athlete Signature:**

**Name of Student (please print)**

**Parent or Guardian**

Signature may be that of athlete over 18 years of age; Parent or Guardian if under 18 please have it Signed by parent or guardian.
Medical Insurance-Part 4

Saint Louis Community College carries excess accident and catastrophic medical insurance for participating athletes, but the excess accident is a secondary policy with a $1500 deductible, which will not provide first dollar coverage. There is a $25,000 maximum with the excess accident insurance and a $5 million maximum with catastrophic insurance. Exhaustion of the excess accident policy serves as the deductible for the catastrophic policy.

I hereby authorize the College to file a claim on my behalf under the group medical and or the excess accident and catastrophic policy in the event an athletic injury is sustained by my son or daughter.

The undersigned verifies that the below-named student is physically able and sufficiently trained; that below-named student has no medical reasons for non-participation; and understands that a competitive activity of this type is potentially hazardous. Should my insurance coverage cease to exist, I will notify the Athletic Department immediately. A photo copy of this authorization shall be considered as effective and as valid as the original.

<table>
<thead>
<tr>
<th>Signature of Parent/Guardian</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature of Student</td>
<td>Date</td>
</tr>
<tr>
<td>Printed Name of Parent/Guardian</td>
<td>Printed Name of Student</td>
</tr>
</tbody>
</table>

Travel- Part 5

This is a legally binding Release made by me, ____________________________, to the SAINT LOUIS COMMUNITY COLLEGE ("College").

KNOW ALL PERSONS BY THESE PRESENTS, that the undersigned, being a participant in a COLLEGE activity, for and in consideration of a grant of permission to such participant from the COLLEGE to take field trips, to engage in athletic events, and to perform in any extracurricular activities under the auspices of, or on behalf of, said College, does hereby and for his/her heirs, executors, administrators, successors and assigns expressly release, acquit and forever discharge the COLLEGE, its agents, servants, officers, directors and employees of and from any and all claims, actions, causes of action, demands, rights, damages and consequences thereof resulting or to result from any accident, casualty or event occurring in preparation of or during the course of any such field trip, athletic event, or extracurricular activity.

The undersigned further stipulates and agrees to assume any risk that such field trips, athletic event or extracurricular activity may present and to indemnify and hold harmless the COLLEGE, its governing Board and its agents, servants, officers, directors, and employees from each and every claim, demand, loss, damage, or expense for any and all liability for bodily and personal injury and/or property damage relating to any actual or alleged injury or loss to his/her person resulting from any such trip, event or activity.

The undersigned understands that this Release covers liability, claims and actions caused entirely or in part by any acts or failure to act of the College or its governing board, employees, or agents, including but not limited to negligence, mistake, or failure to supervise by the college.

The undersigned further declares that no promise, inducement or agreement not herein expressed has been made to the undersigned, and that the undersigned fully understands this agreement, and that this release contains the entire agreement between the parties hereto, and that the terms of this release are contractual and not a mere recital.

Participant: ____________________________ Date: ___________

Campus: ____________________________ Activity: ____________________________
St. Louis Community College
Student-Athlete Concussion Statement

☐ I understand that it is my responsibility to report all injuries and illnesses to my athletic trainer and/or team physician.
☐ I have read and understand the *NCAA Concussion Fact Sheet*.

After reading the NCAA Concussion fact sheet, I am aware of the following information:

- A concussion is a brain injury, which I am responsible for reporting to my team physician or athletic trainer.
- A concussion can affect my ability to perform everyday activities, and affect reaction time, balance, sleep, and classroom performance.
- You cannot see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury.
- If I suspect a teammate has a concussion, I am responsible for reporting the injury to my team physician or athletic trainer.
- I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion-related symptoms.
- Following concussion the brain needs time to heal. You are much more likely to have a repeat concussion if you return to play before your symptoms resolve.
- In rare cases, repeat concussions can cause permanent brain damage, and even death.

__________________________________ _____________
Signature of Student-Athlete                                   Date
__________________________________
Printed name of Student-Athlete
ATHLETIC INFORMATION FORM
(To be used for emergency contact and filing medical claims)

Date of this Form: ___/___/____  Athlete’s Student #: ____________________________
(Month)  (Day)  (Year)

Sport: ______________________________________

Athlete’s Full Name ____________________________________________
(Last)  (First)  (Middle)
(Date of Birth: ___/___/____  Age: ___  Sex: ___)
(Month)  (Day)  (Year)

College Address (apartment): ______________________________________
City  State  Zip Code

Home Address: _______________________________________________________________________
City  State  Zip Code

Home Phone: ___________________________  Cell Phone: _____________________________

E-Mail Address: ___________________________  Academic Year:  1    2    High Schools Attended: _______________________________________________________________________

Family Physician ___________________________  City/State ___________________________
Phone (___) ___________________________

Emergency Contact Information

1. ____________________________________________
   (Name)  (Relationship)  (Home Telephone)  (Cell Phone)  (Business Phone)

2. ____________________________________________
   (Name)  (Relationship)  (Home Telephone)  (Cell Phone)  (Business Telephone)

Are you currently taking any medications?  Yes☐  No☐
If yes, which medication(s)? ____________________________________________

Are you allergic to any medications or foods?  Yes☐  No☐
If yes, which medication/food(s)? ____________________________________________

Do you have any pre-existing medical problems (i.e., diabetes, asthma, epilepsy, hypertension, vision, or hearing problems, etc.)?  Yes☐  No☐
If yes, what condition(s)? ____________________________________________

Student’s Signature: ____________________________________________

Date: ____________________________  Student Number: ____________________________
Athletic Insurance Information

If your son or daughter is presently insured under your group major medical policy, please provide the information requested below so we may determine what benefits may be available in the event an injury occurs during the play or practice of an intercollegiate sport. **Please be advised that Saint. Louis Community College does carry excess accident and catastrophic insurance, but it is a secondary policy with a $1500 deductible, which will not provide first-dollar coverage.**

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### Portion A to be filled out by the Student Athlete

<table>
<thead>
<tr>
<th>Name:</th>
<th>(Last)</th>
<th>(First)</th>
<th>(Middle)</th>
<th>Social Security #</th>
<th>Date Of Birth: / /</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>City</td>
<td>State</td>
<td>Zip</td>
<td>Phone # (___)</td>
<td>Employed: Yes [ ] No [ ] Name of Employer:</td>
</tr>
<tr>
<td>Employer’s Address</td>
<td>City</td>
<td>State</td>
<td>Zip</td>
<td>Phone # (___)</td>
<td>Contact Form:</td>
</tr>
</tbody>
</table>

**Medical Insurance Company___________________________________**

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### Portion B to be completed by Claimant or by Parent or Guardian if Claimant is a Minor

**Name of Father or Guardian__________________________________**

**Name of Mother or Guardian__________________________________**

**Address of Father or Guardian/Claimant________________________**

**Father or Guardian’s Insurance Company Check One Individual Group**

**Name and Address of Father or Guardian’s Employer**

**List other insurance policies under which claimant is insured**

A. **Company_________________________________**

**Policy #___________________________________**

B. **Other School Insurance**

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**Is the Claimant enrolled in a member of, or a participant of any of the following as an individual, employee, or dependent?**

A. Preferred Provider Organization (PPO) or similar health care plan? [ ] Yes [ ] No

**If yes, name of PPO or organization __________________________**

**Policy #____________________________**

B. Preferred Provider organization (HMO) or similar health care plan? [ ] Yes [ ] No

**If yes, name of HMO or organization __________________________**

**Policy #____________________________**

C. If the claimant has health coverage as a dependent from a previous marriage as mandated in a divorce decree, please provide the following:

**Name of Insurance Company________________________________**

**Policy #___________________________________**

**Name of Policy Holder______________________________________**

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*Disclosure of your Social Security Number is required pursuant to filing claims under the university insurance policy. The Social Security Number is required to verify your identity.*

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Note: Most employers’ group insurance allows dependent coverage to be continued to age 23 if the dependent is a full-time student. Do not drop dependent coverage while your son or daughter is participating in intercollegiate athletics. We would like to point out that claims against your group insurance plan normally do not increase your insurance premiums.

I hereby acknowledge that I have read and understand Saint. Louis Community College’s Athletic Department Insurance Policy regarding athletic injuries. I am aware that pre-existing injuries/conditions or aggravation of them through athletic activity are not a covered benefit. I accept full responsibility to follow the procedural steps involved for filing a claim submission to Saint. Louis Community College Secondary Insurance carrier, therefore leaving all expenses the sole responsibility of me, the athlete and/or parent or guardian, and not Saint. Louis Community College. In addition to this, I understand that it is the responsibility of the parents/guardians and athlete to inform the Saint. Louis Community College Head Athletic Trainer of any change of an athlete during his/her competitive season, and/or failure to report the existence of a new primary insurance coverage information may result in denial of insurance claims by Saint. Louis Community College carrier. Expenses incurred for the treatment of an injury will then become the sole responsibility of the athlete and his/her parents/guardians. **MUST BE SIGNED BY ATHLETE AND POLICYHOLDER.**

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**Student/ Athlete Signature_____________________________________**

**Date____________________________**

**Policy Holder’s Signature______________________________________**

**Date____________________________**

**Parent/ Guardian Signature (if different from Policy Holder)__________**

**Date____________________________**