

Release and Waiver of Liability

I, the undersigned, in consideration for being allowed to participate in certain extracurricular or intramural activities at Graceland University, do hereby agree to the following terms and conditions:

1. I certify that I have answered all questions on the Health History Questionnaire truthfully and honestly.
2. **I ACKNOWLEDGE THAT CERTAIN ACTIVITIES MAY SUBJECT ME (OR MY CHILD) TO PHYSICAL RISKS AND DANGERS, AND THAT GRACELAND UNIVERSITY HAS TAKEN RESPONSIBLE AND SIGNIFICANT STEPS TO OFFER THIS ACTIVITY WITH PROFESSIONAL SUPERVISION AND TRAINING. DESPITE ANY SUCH POSSIBILITY, I VOLUNTARILY AGREE TO ASSUME ANY AND ALL RISKS OF INJURY OR DEATH, AND TO RELEASE, DISCHARGE AND FOREVER HOLD HARMLESS GRACELAND UNIVERSITY, THE COMMUNITY OF CHRIST, ITS AFFILIATES, AGENTS, ASSIGNS OR EMPLOYEES, FROM ANY INJURY, AGGRAVATION OF, OR INJURY SUSTAINED DUE TO ANY PRE-EXISTING CONDITION OR DEATH WHICH I (OR MY CHILD) MIGHT SUFFER AS A RESULT OF PARTICIPATING IN THESE ACTIVITIES.**
3. I understand that passing the physical examination does not necessarily mean that I am physically qualified to participate in these activities, but only that the medical examiner did not find any reason to disqualify me from doing so.
4. I understand that I must refrain from practices or games during medical treatment until such time as I am discharged from treatment by Athletic Trainers or other qualified health care providers.
5. I understand that in the course of their activities, Graceland University's Athletic Trainers and student athletic trainers may review this questionnaire, physically examine me, and if necessary, consult my medical records to determine any sports injury or illness which might interfere with my ability to participate in such activities.
6. I understand and accept the risks inherent in participating in these activities, and certify that I shall do my best to reduce such risks by being in the best possible condition and following the advice of my attending physician, athletic trainer or other health care provider concerning the prevention, treatment and rehabilitation of injuries.
7. I will promptly notify appropriate health care providers of any changes in my health status, including but not limited to injuries or illnesses.
8. I grant permission to the Athletic Trainers or other appropriate health care providers to hospitalize and/or secure medical treatment for any injuries I may incur as a result of my participation in these activities. If I am under 18 years of age, my undersigned parent or guardian hereby grants such permission.
9. I hereby grant the Athletic Trainers and/or other appropriate health care providers my permission to release any information concerning my injuries or illnesses or other pertinent health information to appropriate persons, including but not limited to each other, my parents or my athletic coaches.

I understand that I must have athletic injury/accident insurance effective as of August 12, 2011 in order to participate in these activities. Any lapse in insurance will result in my being prohibited from participating in such activities.

The following criteria must be met before the Graceland University athletic medical insurance policy can be considered:

1. The athlete and/or parent must authorize the doctor's visit with Graceland's Athletic Trainer(s). (Those who fail to meet Criteria 1 will be responsible for the medical expenses incurred during that visit.)
2. You must follow the procedures of acquiring medical care as stipulated by your insurance company.
3. You must submit any bills within one year of the injury for possible coverage under Graceland's secondary athletic medical insurance policy.
4. You must see a physician within 90 days of the injury date.

Once your insurance has made payment you will need to send the following items to the athletic training room at Graceland University for possible payment by Graceland's athletic medical insurance:

1. Itemized bill from the visit(s)
2. The explanation of benefits (EOB) notice from your primary carrier
3. A completed and signed insurance claim form

I HAVE READ THE ABOVE AND BACK, I UNDERSTAND ITS TERMS AND CONDITIONS, AND I KNOWINGLY AND VOLUNTARILY SIGN THIS RELEASE AND WAIVER OF LIABILITY.

Date

If under 18 years of age, parent or guardian signature:

Signature of Participant

Parent or Guardian