

CONSENT TO TREAT

I hereby authorize the Certified Athletic Trainer/s and Sports Medicine staff (and when traveling to away games/events I authorize the hosting team Athletic Trainer/s and Staff) acting on behalf of Contra Costa Community College (or the respective hosting College) to evaluate and treat any injury/illness that occurs as a result of my participation in intercollegiate athletics and/or during my time as a student-athlete at Contra Costa Community College. This includes any and all reasonable and necessary preventative care, emergency care, treatment, and rehabilitation for any injuries/illnesses. I understand that I must refrain from practice while injured/ill, whether or not receiving medical care. When under medical care I may not return to participation until I have been given permission by the Team Physician, his/her delegate, or Certified Athletic Trainer. This may occur before, during or at the conclusion of medical treatment. The Athletic Trainer at Contra Costa Community College has the FINAL authority regarding participation status following injury/illness. I understand and agree that if I experience an injury/illness or change in my health status it is my responsibility to inform my Head Coach and the Certified Athletic Trainer(s). I also agree to adhere to the established injury management guidelines including rehabilitation and reassessment before I am released to return to full participation. This authorization expires one (2) years from the date signed. It may be revoked at any time provided written documentation of the revocation is on file in the Athletic Training Room.

I have fully informed Contra Costa College of any allergies, medical conditions, and/or medications which may impact my ability to participate in an intercollegiate sport or to receive medical care and treatment should the need so arise due to my participation and that such information is contained in the Contra Costa Personal Information in which I have completed and registered with the Athletic Trainer at Contra Costa College. I do consent that should I require medical care or treatment due to my participation in any sport, that permission is hereby given to perform any and all of the medical care and treatment that is reasonably necessary for my health and safety.

I hereby waive all claims, actions or causes of action against Contra Costa Community College District for any care and treatment that I receive or for the decision to provide care or treatment or the decision not to do so. I agree to reimburse the District and/or Contra Costa College for any costs and expenses it incurs for any medical care or treatment provided.

I ACKNOWLEDGE THAT I HAVE HAD SUFFICIENT OPPORTUNITY TO REVIEW THE PROVISIONS OF THE WAIVER AND RELEASE, INCLUDING POSSIBLE REVIEW BY AN ATTORNEY, AND UNDERSTAND ITS PURPOSE, MEANING AND INTENT AND THAT IT CONSTITUTES A WAIVER OF RIGHTS AND LIABILITIES.

Student Signature _____ Date _____

Printed Name _____

Parent or Guardian Signature _____ Date _____
(if under 18 years of age)

Printed Name Parent or Guardian _____ Date _____