



MEDICAL AUTHORIZATION

Permission is hereby granted to the Montreat College Athletic, Outdoor Education, Physical Education, and Wellness Center Departments to proceed with any medical or minor surgical treatment, x-ray, examination and/ or immunization deemed necessary for the well-being of the below named student.

We understand that in the event of serious injury or illness, the attending physician or anyone he/she designates, will make every attempt to contact me in the most expeditious manner possible. If unable to contact me, permission is hereby granted for treatment/or procedures deemed necessary for the well-being of the below named student.

While participating in any Montreat College program, sport, or activity, we expressly authorize all physicians and/ or medical facilities who render treatment to the below named student to release copies of their records to the appropriate Montreat College department (Athletics, Outdoor Education, Physical Education, Student Health Services, Counseling) and its insurance carrier to ensure proper follow-up treatment and expedition of insurance coverage.

A photocopy of this authorization shall be considered as effective and valid as the original.

ACKNOWLEDGEMENT OF RISK

We hereby acknowledge awareness that participation in college programs (Athletics, Outdoor Education, Physical Education, Intramurals, etc.) involves the risk of injury. We understand that injuries may be the result of staff error or judgement. We also understand that due to the nature of activities in these programs, injuries may occur which can result in serious physical disability, paralysis, permanent mental disability, and even death. We understand that those who are responsible for the conduct of a sport/physical activity will take reasonable precautions to minimize risk, and that peers participating in the activity will not intentionally inflict wrongful injury to a student. We understand that Montreat College/Staff cannot be held responsible for any injuries or conditions that may be caused by the actions of other people. We understand that injuries caused by the student's own failure to follow safety procedures or techniques which are made known to him/ her by the staff of Montreat College or other designated persons or are otherwise known by the student from another source including, but not limited to the medical personnel of the college, are not the responsibility of the college.

We have read this statement and understand the potential risk involved with participation in the above-named programs. We acknowledge the fact that these risks exist, and the student is willing to assume responsibility for any and all such risks while participating in the programs at Montreat College.

Student Name: _____ SSN: _____

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(If student under age 18)