



MEDICAL AUTHORIZATION

Permission is hereby granted to the Montreat College Athletic Department, 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.

I 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.

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

MEDICAL RELEASE

I understand that the information contained in the below named student's medical history is strictly confidential and will not be released to anyone without my written consent, unless by Court Order. However, if I should be ill or injured or otherwise unable to sign the appropriate forms, I hereby give my permission to Montreat College to release information from the below named student's medical record to a physician, hospital, or other medical agency involved in providing me (him/her) with emergency treatment and/or medical care. I authorize copies of this medical record to also be released to the Montreat College Athletic, Physical Education, and Outdoor Education Departments, in accordance with requirements from those departments.

While participating in any Montreat College program, sport, athletics, or activity, I 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 release shall be considered as effective and valid as the original.

ACKNOWLEDGEMENT OF RISK

I hereby acknowledge awareness that participation in college programs (Athletics, Outdoor Education, Physical Education, Intramurals, etc.) involves the risk of injury. I understand that injuries may be the result of staff error or judgement. I 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. I 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. I understand that Montreat College/Staff cannot be held responsible for any injuries or conditions that may be caused by the actions of other people. I 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.

I have read this statement and understand the potential risk involved with participation in the above-named programs. I 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.

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

Student Name _____ SSN: _____

Student Signature _____ Date: _____

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

*** Athletics note: If any injury occurs while participating in athletics at Montreat College, an injury report must be filled out by the Athletic Trainer for insurance filing purposes.