

**ACKNOWLEDGEMENT  
OF RISK**

I, \_\_\_\_\_, AM AWARE OF AND ACCEPT THE RISK ON INJURY ASSOCIATED WITH THE INTERCOLLEGIATE SPORT (S) IN WHICH I WILL BE PARTICIPATING.

I WILL DO MY BEST TO REDUCE THE INJURY RISK BY KEEPING IN THE BEST POSSIBLE PHYSICAL CONDITION AND TO FOLLOW THE ADVICE OF THE TEAM PHYSICIAN, ATHLETIC TRAINER, AND/OR COACH CONCERNING THE PREVENTION, TREATMENT, AND REHABILITATION OF ATHLETIC INJURIES.

\_\_\_\_\_  
Student-Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Sport (s)

\_\_\_\_\_