

Patriot Open

Cumberland College Athletic Event Medical Release Authorization with Acknowledgement of Risk and Insurance Coverage

I, _____ age _____, am willfully participating in the Intercollegiate Athletic Event named the Patriot Open (sport) at Cumberland College, hereby consent to be treated or extended emergency medical care by the Athletic Training Staff of any other medical personnel recommended by the Team Physician of Athletic Trainer in the event that I become injured.

I understand that I am potentially placing myself in a situation where I might sustain severe bodily harm or injury. I will hold Cumberland College harmless for any accident that might befall me as a result of participating in this wrestling tournament.

I understand that I must show proof of medical insurance coverage prior to me competing. In the event I become injured during my matches, I understand that my personal insurance will provide my primary source of coverage for any medical bills incurred.

Date: _____

Participant's Name (Printed): _____

Participant's Signature: _____

Guardian's Signature: _____

(Only if under 18 years of age)

Name of Insurance Company: _____

EMERGENCY CONTACT INFORMATION:

Contact's Name _____

Home

Address: _____

Home Phone#:(_____) _____

Work Phone#:(_____) _____

