



CAIRN UNIVERSITY ATHLETICS

Consent Form

Cairn University's athletic program is an integral part of the curriculum, and university personnel have devoted great effort to assure that participating students are protected in every way possible. However, participation in athletics includes a risk of injury which may range in severity from minor to catastrophic, including paralysis, mental disability, and death.

Participants have the responsibility to help reduce the chance of injury. Participants must obey all safety rules and regulations, report any and all injuries, concussions, and illness to Cairn University's athletic training staff, follow a proper conditioning program, and inspect personal protective equipment daily. Proper execution of skill techniques must be followed for every sport, especially in contact sports. Participants agree to refrain from participation if so recommended by the team physician or athletic training staff.

Permission is given to Cairn University or its authorized representatives to furnish medical care as my son/daughter/self-require, including examination and treatment. This permission is based on the understanding that in the event of serious illness, hospitalization and/or major surgery, the college will use all reasonable efforts to contact parent/guardian. Failure to do so should not prevent the college from providing emergency medical treatment.

Any and all injuries resulting from participating on an athletic team will be submitted to the primary insurance company of the student-athlete. Any deductibles or costs incurred beyond insurance coverage will be the responsibility of the insured.

PARENT/GUARDIAN STATEMENT

- I consent to have my son/daughter represent Cairn University in approved athletic activities except those activities excluded by the examining physician.
- I grant permission for my son/daughter to accompany any Cairn University team of which he/she is a member to out-of-town trips. The athlete will be transported to and from all events in Cairn University approved vehicles. Parents/Guardians wishing to have their son/daughter with them when returning from an event must make written arrangements with the coach.
- In the event of an emergency requiring medical attention, I expect every reasonable attempt to be made to contact me. In case I cannot be reached, I grant permission for any immediate treatment deemed necessary by the attending physician and transfer of my son/daughter to a qualified medical facility. This authorization does not cover major surgery unless formally decreed prior to surgery by two licensed physicians or dentist.
- I agree not to hold the university or anyone acting on its behalf responsible for any injury occurring to my son/daughter in the course of such athletic activities or travel, whether, as a result of my son's/daughter's negligence, the negligence of others, or the negligence of the university.
- I acknowledge and accept that there are risks of physical injury involved in athletic participation which may result in permanent paralysis, mental disability, and death.

STUDENT-ATHLETE STATEMENT

- I agree not to hold the university or anyone acting on its behalf responsible for any injury occurring to me in the course of such athletic activities or travel, whether as a result of my negligence or the negligence of others.
- I acknowledge and accept that there are risks of physical injury involved in athletic participation which may result in permanent paralysis, mental disability, and death.
- I grant permission for the university to notify my parent/guardian in case of injury or illness when they deem necessary according to the situation.

Signature: _____ Name: _____ Date: _____
 Student-Athlete Print Clearly

Signature: _____ Name: _____ Date: _____
 Parent/Legal Guardian Print Clearly

Parental signature is only necessary for student-athletes under the age of 18



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