

UNIVERSITY OF MISSOURI



Glenn L. McElroy, M.D. Sports Medicine Center
Columbia, Mo. 65211
Phone: (573) 882-2375 Fax (573) 884-0692

University of Missouri Department of Intercollegiate Athletics PERMISSION FOR VOLUNTEER ATHLETIC PARTICIPATION

The University of Missouri athletic program is an integral part of the university, and administrators, coaches, athletic trainers, and physicians at the institution have committed much time and effort to assure that participating student-athletes are protected in every way possible.

However, I am aware that playing or practicing in any sport can be a dangerous activity involving MANY RISKS OF INJURY. I understand that the dangers and risks of playing or practicing in any sport include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis or brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system, and serious injury or impairment to other aspects of my own (or my son/daughter, if parent or legal guardian) body, general health or well being.

Because of the dangers of participating in any sport, I recognize the importance of following the coach's instructions regarding playing techniques, training rules of the sport, other team rules, and to obey such instructions. All participants have the responsibility to help reduce the chance of injury. Therefore, all student-athletes must obey all safety rules and regulations, report all physical problems to the coach and athletic trainer, 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.

As a volunteer participant in the University of Missouri athletic program, I hereby voluntarily assume all risks associated with my athletic participation. In addition, by signing below, I agree to exonerate and save harmless the University of Missouri, the physicians, and other practitioners of the healing arts, treating me, from any and all liability, claims, causes of action or demands of any kind and nature whatsoever arising by, or in connection with, my participation in any University Missouri athletic activities. Furthermore, I understand that the University of Missouri athletic insurance coverage is **NOT** responsible for injuries/illnesses attributable of athletic participation.

Rex L. Sharp, ATC, LAT Associate Athletics Director-Sports Medicine

Assistant Athletic Trainers:

Pat Beckmann, ATC, LAT
Casey Hairston, ATC, LAT
D. Eric McDonnell, ATC, LAT

Camille Bordelon, ATC, LAT
Colleen Jockin, ATC, LAT
Alison Mosel, ATC, LAT

Justin Gawlik, ATC, LAT
Jennifer Lewis, ATC, LAT
Mitch Swee, ATC, LAT

Graduate Assistant/Intern Athletic Trainers:

Derrick Decker, ATC, LAT
Molly Mugge, ATC, LAT
Branden Stephens, ATC, LAT

Dan Herrin, ATC, LAT
William Rath, ATC, LAT

Andria Lampe, ATC, LAT
Brett Sigley, ATC, LAT

Insurance Coordinator, Susan Hamilton

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(PLEASE INITIAL THE FOLLOWING STATEMENT TO SHOW THAT THE STATEMENT HAS BEEN READ, UNDERSTOOD, AND APPROVED)

_____ I hereby voluntarily assume all risks associated with participation and agree to exonerate and save harmless University of Missouri and their agents, servants, and employees, the athletic staff of University of Missouri, the physicians and other practitioners of the healing arts treating self/son/daughter from any and all liability, claims, causes of action or demands of any kind and nature whatsoever which may arise by, or in connection with, my participation in any activities related to the University of Missouri team in which self/son/daughter is involved.

Sport: _____

Date: _____ Signature of Student Athlete: _____

Print name of Student Athlete: _____

Date: _____ Signature of Parent/Legal Guardian: _____
(only if under the age of 18)

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