WARNING STATEMENT ASSUMPTION OF RISK

Participation in the Athletic Training Program requires an acceptance of risk of injury, including but not limited to: death, quadriplegia, paraplegia, internal injury, closed head injury (possibly including post-concussion syndrome) and musculoskeletal injuries (including sprains, strains, and fractures). Some of these injuries may result in medical treatment, surgery, and/or permanent disability. Athletic Training Students rightfully assume that those who are responsible for the conduct of Athletic Training Students and Athletic Training Student Apprentices, have taken reasonable precautions to minimize the risk of significant injury and that those participating in the Athletic Training Program will not intentionally inflict injury.

By signing this document, I have read and understand this statement. I understand the risks associated with clinical duties in the ATP and agree to comply with rules and policies established to protect the athletic training student as outlined in the ATS Handbook.

___________________________________________________________
Athletic Training Student  (Printed)

___________________________________________________________
Athletic Training Student  (Signature)  Date

___________________________________________________________
Parent of Legal Guardian if under age of 18  Date

___________________________________________________________
ATP Program Coordinator  Date

___________________________________________________________
ATP Clinical Coordinator  Date