

Department of Athletics



Liability Release and Consent Form

I, _____, (parent's name), fully accept all responsibility and assume all risk for the student-athlete participating in the athletic program at MacMurray College. It should be fully understood that all medical expenses incurred are to be filed on the athlete's parents insurance. It should also be understood that any expenses not covered by family insurance will be paid by the MacMurray College carrier if you opt to subscribe to the MacMurray Health/Accident Insurance Policy. Otherwise, the responsibility for medical bills resides with the student-athlete and his/her parents.

MacMurray College, its officers, coaches, trainers and other employees and its agents are released from any claims and/or actions resulting from any and all accidents, illness, and/or injuries that may be sustained by the student athlete while participating in any and all phases of MacMurray College athletics.

Your signatures all MacMurray College and its insurance carrier to inspect or secure copies of medical history records, diagnoses, x-rays, and other data covering this and/or previous confinements and/or disabilities. A photocopy of this authorization shall be deemed effective and valid as the original.

College athletics are dangerous and injuries often occur. When they do, the student-athlete will be given the best medical care available. You, as the parent, are giving your consent to the sports medicine personnel at MacMurray College to care for your daughter/son should an accident/injury or illness occur while under our supervision.

Student-Athlete's Name: _____

Student-Athlete's Sport(s): _____

Student-Athlete's Social Security Number: _____ Birthdate: _____

Student-Athlete's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Policy Holder Name: _____ SSN: _____