



Print Name \_\_\_\_\_ BU ID# \_\_\_\_\_ Sport \_\_\_\_\_

*To be read and signed by the Student-Athlete and the Parent /Guardian if the Student-Athlete is under 18 years old.*

**CONSENT TO TREATMENT AND DISCLOSURE OF INFORMATION**

Consent is hereby granted by the undersigned to Boston University, including its Athletic Training Services staff, health care professionals, and consultants, to proceed with any medical or minor surgical care or treatment, including without limitation x-ray examination, imaging studies or testing, that the professional staff considers to be necessary for the student-athlete named below.

Authorization and consent is hereby granted by the undersigned to Boston University, including its Athletic Training Services staff, health care professionals, and consultants, to obtain and release health information and records for treatment, payment, and operations purposes, including for the purpose of processing insurance claims.

I understand and agree that information. Including information about my injury/condition, may be disclosed to the staff and personnel of the BU Departments of Athletics or Physical Education, Recreation & Dance in relation to my participation in any physical activity.

This Consent to Treatment and Disclosure of Information is a required condition for participation in the athletics program and shall remain valid until revoked in writing.

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Signature of Student-Athlete                      Birthdate (mm/dd/yy)                      Age                      Date (mm/dd/yy)

\_\_\_\_\_  
Name of Parent/Legal Guardian (PRINT)                      Signature of Parent/Guardian                      Date (mm/dd/yy)

**ACKNOWLEDGMENT OF RISKS AND WAIVER OF CLAIMS**

I understand, recognize, and acknowledge that participating in any sport or physical activity can be dangerous and can involve many risks of serious injury and/or death. I understand that the dangers and risks include, but are not limited to, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to internal organs, bones, and other parts of the skeletal/muscular system, and other serious physical and other injuries. I understand that the dangers and risks also include other impairment of health and well-being, including impairment affecting the future ability to earn a living, engage in educational, occupational, social, and recreational activities, and generally enjoy life. I acknowledge that it is my responsibility to understand and obey instructions and rules for any sport or other physical activity or use of equipment, and to seek help from the coaching, athletic training, and other staff if I have questions. I understand that, notwithstanding precautions taken by Boston University, however, there are risks of serious injury and/or death.

I am voluntarily participating in sports and other physical activities and using equipment while at Boston University with knowledge of the dangers and risks involved. I hereby assume and accept any and all risks associated with my participation in sports or other physical activities at Boston University (whether at Boston University's athletic facilities or elsewhere).

In consideration of being presented an opportunity to participate in sports and other physical activities at Boston University and to use associated equipment, I (on behalf of myself any my heirs and assigns) do hereby release, hold harmless, and forever discharge and agree not to sue Trustees of Boston University and its trustees, officers, agents, volunteers and employees from and for any and all claims, responsibilities, liabilities, demands, damages and causes of action of any nature whatsoever for, on account of, or by reason of my participation in sports or other physical activities at Boston University (whether at Boston University athletic facilities or elsewhere), whether or not caused by the ordinary negligence of Boston University.

I have read and understand this document, and I voluntarily agree to be bound by it.

\_\_\_\_\_  
Signature of Student-Athlete                      Birthdate (mm/dd/yy)                      Age                      Date (mm/dd/yy)

\_\_\_\_\_  
Name of Parent/Legal Guardian (PRINT)                      Signature of Parent/Guardian                      Date (mm/dd/yy)

Print Name \_\_\_\_\_ BU ID# \_\_\_\_\_ Sport \_\_\_\_\_



## Acknowledgement of Boston University Athletic Training Services (BUATS)

*Please carefully read each line and initial next to it, indicating that you understand the statement.*

*The FitRec Athletic Training Room can be reached at: 617-353-7377.*

I understand that BUATS is available to all club sport participants who have signed a consent form and are on the official team roster. Their services include: the prevention, diagnosis, and intervention of emergency, acute, and chronic medical conditions. They can also aid in setting up a physical with a physician or a consultation with nutritional or behavioral health services should one be needed.

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The primary athletic training room for club sport participants is on the first floor of FitRec down the main hallway. It is open Monday – Friday, 9am-6:30pm, except for 11:45 – 1:30 on Tuesdays, and for holidays. Hours are posted outside the door and on the FitRec website each semester. Appointments are not necessary.

Follow BUATS on Twitter @BUATServices for the most up-to-date information.

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### **General Emergency Procedures:**

1. If injured from 9am – 6:30pm, go to the FitRec Athletic Training Room.  
If injured on Nickerson Field, the Case Athletic Training Room is also available from 9am – 6:30pm. When entering the Case Athletic Center from Nickerson Field, walk down the main hallway and take a left down the hallway marked 'For Student-Athletes Only'. The Athletic Training Room is down this hallway on the left.
2. If injured outside of normal business hours at:
  - a. **FitRec:** contact **EMS** at the end of the hallway on the 2<sup>nd</sup> floor
  - b. **On-Campus** during an emergency: contact **BUPD** at **617-353-2121**
  - c. **Off-Campus** during an emergency: call **911** with number of people injured, type of suspected injury, and address of injured person. Do not hang up until instructed to do so.
3. In the event that you are injured while at an away venue, and hospitalization will delay team travel, it is the responsibility of the team officers to ensure alternate travel arrangements for you prior to leaving the hospital.
4. Following an emergency, you **must** be seen by a member of Athletic Training Services at the FitRec Athletic Training Room within 24 hours. If unable to attend office hours within the next 24 hours due to nature of injury, the office is closed, or admittance into the hospital, you or your team officer should notify a member of Athletic Training Services by utilizing the list that is on page 5 of the BUATS Policies & Procedures and on the emergency cards that are provided to all coaches & officers.
5. If your injury results in a trip to the hospital, the team's PERD advisor must be notified by the injured person or a team officer. Their information can be found on page 5 of the BUATS Policies & Procedures and on the emergency cards.
6. If the injury is related to club sport participation, BUATS will provide insurance instructions at the time of injury evaluation. Injuries not evaluated by BUATS will not be submitted to BU's insurance policy.

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I understand that the full policies and procedures for BUATS are located on the FitRec website at: <http://www.bu.edu/fitrec/club/trainers>

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If I have any questions regarding BUATS services, emergency procedures, or insurance procedures, members of BUATS are available to answer any questions.

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