



Patient Name \_\_\_\_\_ BU ID# \_\_\_\_\_ Sport \_\_\_\_\_

**CONSENT TO TREATMENT AND DISCLOSURE OF INFORMATION**

This Consent to Treatment and Authorization to Disclose is a required condition for participation in the Boston University Athletics Program.

Consent to Treatment.

I consent to health care by the Boston University Athletic Training Services staff, its health care professionals, and consultants (referred to collectively as the "BU Athletic Training staff"). This includes, without limitation, consent for the BU Athletic Training staff to proceed with any medical or minor surgical care or treatment that the BU Athletic Training staff considers necessary for me, including (without limitation) x-ray examinations, imaging studies and testing.

Authorization to Disclose

I understand and agree that my health information, including but not limited to information about any injury or other health or physical condition, may be disclosed by the BU Athletic Training staff to the BU Departments of Athletics or Physical Education, Recreation & Dance, in relation to my participation in any physical activity.

In addition, I understand that the Athletic Training staff will keep records of my treatment in my Student Health Services medical record, where they are subject to the protections required by the Family Educational Rights and Privacy Act (FERPA)

Authorization for Electronic Communications; Security Preference

Many of our student athletes like the option of communicating by email or text message with the BU Athletic Training staff. It is important for you to understand that regular email and text are convenient, but not always encrypted, and may be at risk of interception.

The BU Athletic Training staff uses an encrypted email program to communicate securely, but it is less convenient as it requires you to log in online to obtain the message.

We give you the choice below of secure email only, or non-secure email, or non-secure text.

If you choose the more convenient non-secure email or text, please note you are taking on the risk of interception, and you release Boston University from any liability for following your stated preference.

Regardless of your choice below, if you contact us by non-secure email or text, we will respond, and your initiation of the communication will constitute your acceptance of the risk of interception.

Please provide your communication preference below:

**EMAIL: Choose one:**

Please use regular email. I understand it is convenient but not secure.  
 Please communicate with me using Data Motion secure, internet based email. I understand I will need to create an online account to open the messages.

**TEXT: Choose one:**

Please communicate with me via text at this cell phone number: \_\_\_\_\_  
 I do not wish to be communicated with via text messaging.

Duration

This Consent and shall remain valid until I leave Boston University, or until I provide Athletic Training Services a written revocation, whichever comes sooner.

\_\_\_\_\_  
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. I further state that I am at least 18 years of age, or if not, my parent/guardian has also signed, and competent to sign this waiver.

\_\_\_\_\_  
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)