Johnson County Community College
JCCC Athlete Permissions and Releases

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ALL Athletes in the JCCC Intercollegiate Athletics Program are Required to Read and then Sign each of the Following.

**Athlete Assumption of Risk**
Assumption of the Risk of Liability: I hereby affirm that I voluntarily choose to participate in the Intercollegiate Athletics Program at JCCC. Therefore, I freely assume liability for my own health and wellbeing as described in the following paragraphs.

A. I hereby acknowledge the risks associated with participation in intercollegiate athletics, including but not necessarily limited to severe musculo-skeletal injury, serious brain injury, partial or complete paralysis, or death.

B. Knowing the risks stated above, I will voluntarily participate in the JCCC athletic program. I agree to release, indemnify and defend JCCC and its officers, employees, agents, volunteers, sponsors and students from any claim which I the participant, my parents or legal guardian or any other person may have for any losses, damages or injuries arising out of or in connection with participation in this program.

C. This release form shall be governed by the laws of the state of Kansas, which shall be the forum for any lawsuits filed under or incident to this release form. If any portion of this release form is held invalid, the rest of the document shall continue in full force and effect.

D. By answering "yes" to this Assumption of Risk of Liability, I certify that I have carefully read and fully understand its contents, and agree to abide by all of its stipulations.

**Privacy and HIPPA**
HIPPA stands for the Health Insurance Portability and Accountability Act. It is a Federal law created to increase the privacy of individual’s personal health information. This law affects all people and practitioners who are in contact with medical records or personal health information.

In compliance with HIPPA, you the athlete must grant permission to JCCC Athletic Trainers and those who support them in caring for JCCC athletes, to obtain and share medical information pertaining directly to any injury that you may suffer while representing JCCC. You have the right to refuse permission, but this would make it impossible for our athletic trainers, team physician’s etc., to coordinate your care and file insurance.

**Authorization to Share Specific Medical Information with and among Specified Persons as listed.**

I hereby authorize by my signature,
FULL disclosure of my personal health information only as it pertains to any injury (or aggravation of a previous injury) or illness that I may sustain as a direct result of my participation in intercollegiate athletics at Johnson County Community College (henceforth referred to as JCCC). A. The following
organizations or individuals shall be allowed access to my medical information only as it pertains to or effects the execution of my participation in athletics at JCCC. B. The duration of my permission to share personal medical information will extend from July 1st of my first year as an athlete at JCCC until June 30th of my second year as an athlete. C. An additional year of permission may be granted in such case that I receive a medical hardship or extension of my eligibility to play intercollegiate sports due to non-participation. An extra year of permission will extend until June 30th of my third year as an athlete at JCCC.

A. JCCC team physicians, and any associated health care providers to whom the JCCC team Physicians might refer me, and their administrative office personnel.

B. Physician of my own choice, or those contacted for a second opinion regarding my injury.

C. The JCCC staff athletic trainers.

D. JCCC's athletics insurance company and/or my personal health insurance company.

E. Coaches only of the sport in which I participate, only to the extent that the information pertains to my ability or inability to participate in my sport.

F. A parent or guardian, restricted to information directly pertinent to my current or ongoing injury.

G. The JCCC Director of Athletics, only as my current injury or illness may pertain to the execution of the Director's administrative duties.

H. Members of the news media, restricted to the general diagnosis and disposition of my current or ongoing injury or illness.

I. Professional or four-year college and university sports scouts restricted to the diagnosis only, of an injury about which they may inquire.

J. By answering "yes" to “Full Disclosure of my Personal Health Information,” I certify that I have carefully read and fully understand its contents, and agree to abide by all of its stipulations.

Declaration of Previous Injuries

All athletes who have signed a National Letter of Intent, or who walk-on, or are invited to join a JCCC athletic team, MUST report all major injuries that they have suffered within the last three (3) years. Injuries to be reported include the following:

A. Any injury that required surgical intervention.

B. Any injury that did not require surgery but did require a trip to a physician or emergency room.

C. Any injury that caused you to miss more than seven days of practice and games regardless of whether or not you visited a physician, your school athletic trainer or another health care provider.

D. JCCC Athletics Insurance will not be filed for the treatment of undeclared injuries aggravated by your participation at JCCC. Financial responsibility for such treatment will become the full financial responsibility of the athlete or his/her parent or guardian.

E. By answering "yes" to the above “Rules of Previous Injury Disclosure,” I certify that I have carefully read and fully understand its contents and agree to abide by all of its stipulations.
**Requirement to see JCCC Team Physicians**

JCCC athletes, hurt while participating in official, supervised conditioning sessions, practices or games, are required to see JCCC official team physicians and associated practitioners.

A. An injured athlete must secure the express, WRITTEN consent of a JCCC staff athletic trainer in order to visit a non-JCCC associated physician or practitioner, INCLUDING off campus physical therapists or athletic trainers.

B. The JCCC Staff athletic trainers under the oversight of the Director of Athletics reserve the right to deny any athlete permission to visit non-JCCC associated physicians and practitioners.

C. If an injured athlete visits a non-JCCC associated physician or practitioner BEFORE he or she has secured written permission, OR if the athlete visits a non-JCCC associated physician or practitioner after having been denied permission, athletics insurance will NOT be filed on behalf of the athlete. Financial responsibility for all resulting bills will immediately shift to the athlete and his/her parent or guardian.

D. Visits to an emergency room whether at home or while on the road are exempt from the above rules provided that the athlete is participating in an official, supervised JCCC conditioning session, practice or game at the time that the injury occurs.

E. All releases to resume activity given by non-JCCC associated physicians and practitioners are subject to review by the JCCC team physicians BEFORE the athlete is allowed to return to activity. The decision whether or not to review an outside release is at the complete discretion of JCCC staff athletic trainers and/or JCCC team physicians or JCCC associated practitioners.

F. By answering "yes" to the “Requirement to See JCCC Team Physicians,” I certify that I have carefully read and fully understand its contents, and agree to abide by all of its stipulations.

**Consent to Random Drug Testing**

I agree to periodically provide random urine samples according to the JCCC Athletics Drug and Alcohol Testing and Education Policy.

A. I understand that refusal to provide periodic random urine samples according to the JCCC Athletics Drug and Alcohol Testing and Education policy will render me subject to immediate and permanent removal from participating in JCCC athletics.

B. By answering "yes" to the “Consent to Random Drug Testing,” I certify that I have carefully read and fully understand its contents, and agree to abide by all of its stipulations.
Overall Agreement
Concerning ALL of the above: By answering "Yes" to All of these Above, I certify that I have carefully read and fully understand their contents, and agree to abide by all of their stipulations. All questions must be answered "yes" in order to continue to play intercollegiate sports at JCCC!

(On Line Version)

Please sign the signature block below using your mouse. If you are seventeen (17) years of age or younger, please have a parent or guardian sign on your behalf.

LEFT CLICK on your mouse. While continuing to hold down the left mouse button, write your name in the signature box.

Please Remember to Write Down your User Name and Password. Keep it where you can find it for future access to the ATS Athlete Portal! This is YOUR information.

(Hard Copy Version)

Athlete__________________________  Sport________________  Date______________

Parent / Guardian
(If athlete will be 18 years on August) ___________________________  Sport________________
Date________________

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