

Consents and Permissions: Please READ and sign the following legal releases.

JCCC Injury Care Policy: Team Physicians and Non-Disclosure of Pre-existing Injuries

JCCC Student Athletes who are injured while practicing, conditioning or playing for JCCC, will be required to see JCCC Team Physicians and athletic trainers for their injury evaluation, treatment and (possible) surgeries.

- If the athlete prefers to see his or her own choice of physician, (not one of the designated JCCC Team Physicians), the **entire cost** of the evaluation and subsequent treatments will become the sole responsibility of the athlete and/or his or her parents. **NO JCCC ATHLETIC INJURY INSURANCE WILL BE FILED** to assist in covering the costs.
- JCCC student athletes will be required to gain clearance to practice, condition or play following an injury, **ONLY** via JCCC Team Physicians, and not through their own physicians, regardless of any release from the latter.
- JCCC student athletes **MUST** disclose to the JCCC Team Physicians, athletic trainers, and coaches, about any previous injuries or “nagging” problems that they arrive with at JCCC. It will be the athlete’s responsibility to accomplish all remedial or preventive treatments or exercise prescribed by JCCC Team Physicians, or Athletic Trainers. NO insurance coverage will be provided for athletes who fail to disclose a pre-JCCC injury, at the time of his/her pre-participation physical exam.
- **Note:** In such case as an injury occurs while on the road, the local emergency medical facilities will be considered as part of the JCCC approved sports-medical network.

I (Print Full Name) _____ have read and understand the above.

Signature of Student-Athlete (or Parent/Guardian if under 18)

_____ Date

Health Insurance Portability and Accountability Act (HIPAA)--Release Form

HIPPA stands for the **Health Insurance Portability and Accountability Act**. It was created to increase the privacy of individual’s personal health information. It affects all those who are in contact with medical records or personal health information. Under this law, certified athletic trainers (ATCs) will no longer be able to speak to anyone in regards to an injury or condition unless a release is signed.

- **I (Print Full Name)** _____, **am allowing FULL disclosure of my personal health information** in regards to any athletic injury I may sustain while participating in intercollegiate athletics at Johnson County Community College (henceforth referred to as the “Program”).
- I understand that by allowing partial or no disclosure of my personal health insurance I will forfeit participation in the Program.
- In case of a medical emergency occurring during my participation in this Program, I authorize in advance the representative of Johnson County Community College to secure whatever treatment is necessary, including administration of an anesthetic and surgery.
- All of the following individuals may be told about my condition as it pertains to participation in the Program: coaches, media, parents, athletic director, team physician, doctor’s office staff, professional scouts, common referral sources and all Johnson County Community College secondary insurance agents.

Signature of Student-Athlete (or Parent/Guardian if under 18)

_____ **First Year**

_____ Date

Signature of Student-Athlete (or Parent/Guardian if under 18)

_____ **Second Year**

_____ Date

Assumption of Risk and Release of Liability

I (Print Full Name) _____, **freely choose to participate in the athletic program** (henceforth referred to as the “Program”) at Johnson County Community College. In consideration of my participation in this Program, I agree as follows:

- I acknowledge that participation in intercollegiate sports can result in sever injury, and possibly paralysis or death.
- Knowing the risks described above, I will voluntarily participate in the Program. I agree to release, indemnify, and defend Johnson County Community College and their officials, officers, employees, agents, volunteers, sponsors, and students from and against 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 my participation in this Program.
- I hereby indicate by my signature below that I have read the terms and conditions of participation and agree to abide by them. **I have carefully read this release form and acknowledge that I understand it.**

Signature of Student-Athlete (or Parent/Guardian if under 18)

_____ Date

Drug Testing Consent

I (Print Full Name) _____, being an adult person (18 years of age or older) do hereby agree and authorize Johnson County Community College and its agents and employees to conduct drug testing of specimen(s) which I agree to provide the college as from time-to-time required (and do further agree to the release of the results of such testing). Such testing shall in accordance with the attached written policy and procedure, which I acknowledge to have read and hereby agree to.

Signature of Student-Athlete (or Parent/guardian if under 18)

_____ Date

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.