

WAIVER AND INFORMED CONSENT  
ATHLETES WITH AN EXISTING HEALTH CONDITION OR RISK

All participation in athletics activities at St. Mary's University College (StMU) is voluntary. It is in the interests of student participants, StMU administration and the entire StMU community that the athletics program be enjoyed in a safe manner with minimal risk of injury to everyone concerned.

To promote safety and minimize risk of injury, StMU requires that participants with existing health risks work with their physicians to ensure that their participation in StMU athletics is compatible with their existing treatment plan and does not pose an unacceptable risk to their ongoing health condition and/or recovery process.

1. I, the undersigned, have indicated an interest in participating in the StMU athletics program. I acknowledge that I have (or have in the past had or experienced) an existing health risk or medical problem or condition as identified below:  

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2. I understand that there are risks in participating in any competitive athletic activities including, but not limited to: head injuries; eye injuries; injuries to bones, joints, ligaments, muscles, or tendons; spinal injuries; a variety of injuries or impairment to virtually any part of my body which could limit my health and well-being; and even death.
3. I recognize and accept these risks, and hereby release StMU, its Board of Governors, Officers, employees and volunteers; and the Alberta Colleges Athletics League (ACAC) from any liability arising out of or in connection with my participation in the StMU athletics program.
4. In relation to the existing or previous health problem or condition, as identified above, I confirm the following statements:
  - My participation in the StMU athletics program is not contrary to my current medical treatment program or regime; and
  - I have not been advised by any physician or other health treatment professional to avoid or not participate in this or other types of physical activity.
5. Prior to the official start of the competitive season, I will provide StMU with a letter or written medical release from my physician (or other health professional currently providing treatment) approving my participation in this athletics program.
6. I acknowledge that I have read the above release and understand that I am relinquishing any and all rights that I or any of my dependents, or my heirs, executors, or any administrators might have against StMU or the ACAC for any loss, damage, injury, or expense suffered by me in connection with my involvement in the StMU Athletics program. I sign it freely and voluntarily without any inducement.

Student athlete:

Name (please print): \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness:

Name (please print): \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_