I, _________________________________, as a participating member of intercollegiate athletics at Furman University and being of sound mind, do acknowledge the inherent risk of sports participation.

The risks include, but are not limited to, minor or serious injury including permanent disability or death and may be the result of my own actions, the actions or inactions of others, or a combination of both.

I understand that participation in my chosen sport requires a minimum level of fitness for safe participation.

I understand that the rules and regulations of each sport are designed for the safety and protection of participants and I hereby undertake to abide by these rules and regulations.

I understand that it is my sole responsibility to report all injuries, illnesses, medications, and medical conditions to the Furman Sports Medicine staff, while participating in Intercollegiate Athletics at Furman University.

My signature below signifies my understanding of the above stated risks and responsibilities associated with sports participation at Furman University.

I understand that any questions that I may have regarding inherent risks in my chosen sport will be answered as promptly as possible and without bias.

_______________________________________  __________________________
Student-Athlete Signature                      Date

_______________________________________  __________________________
Parent/Guardian Signature (if under 18 years of age)  Date