Westfield State University

Assumption of Risk and Injury Waiver
I understand that athletic participation is not without risks. Risks of athletic participation include but are not limited to: significant joint or bone injury, brain or spinal cord injury, internal organ injury, complications from Sickle Cell Trait, cardiac arrest, disease and death. I assume all risks, known and unknown, foreseeable and unforeseeable, in any way connected with my participation in Westfield State University intercollegiate athletics. I accept responsibility for any liability, injury, loss or damage in any way connected with my participation in intercollegiate athletics at Westfield State University.

X __________________________________________________________________________ Date: ____________________
Signature of Student-Athlete or Parent/Guardian if under 18

Notice of Privacy Practices
I hereby authorize Westfield State University and its physicians, athletic trainers, and health care personnel to disclose my protected health information and any related information regarding any injury or illness during my training for and participation in intercollegiate athletics.

Your Parents or Guardians O Yes O No WSU Counseling Center O Yes O No
WSU Team Coaches (yours) O Yes O No MASCAC, ECAC, NCAA(participation status) O Yes O No
WSU Health Services O Yes O No Other: ____________________ O Yes O No

I understand that my protected health information will be used by those checked above for the purposes of eligibility for, and participation in, intercollegiate athletics at Westfield State University.

I understand that my injury/illness information is protected by federal regulation under either the Health Information Portability and Accountability Act (HIPAA) or the Family Educational Rights and Privacy Act of 1974 (Buckley Amendment) and may not be disclosed without either my authorization under either Act of Amendment. I understand that my signing of this authorization/consent is voluntary and that my institution will not condition any health care treatment or payment, enrollment in a health plan or receipt of any benefits (if applicable) on whether I provide the consent or authorization requested for this disclosure. I also understand that I am not required to sign this authorization/consent in order to be eligible for participation in NCAA or conference athletics.

X __________________________________________________________________________ Date: ____________________
Signature of Student-Athlete or Parent/Guardian if under 18

Insurance Acknowledgement
Westfield State University DOES NOT purchase primary health insurance coverage for athletic injuries. It is the responsibility of each student to carry adequate health insurance (coverage at least $50,000) or to purchase the school health insurance offered via Student Health Services. Westfield State has a secondary “gap” insurance policy with a $35,000 deductible. The NCAA has insurance for catastrophic injuries with a $90,000 deductible.

By signing, “I attest that I have adequate insurance coverage for injuries that may occur while I am participating in intercollegiate athletics. I will provide proof of insurance to the Westfield State University Athletic Training Department and will notify the athletic training staff immediately with any changes in plan and/or coverage. I understand and agree that Westfield State University will assume no responsibility whatsoever for the payment of, authorization to pay, medical expenses resulting in injury that occur while participating in intercollegiate athletics at Westfield State University.”

X __________________________________________________________________________ Date: ____________________
Signature of Student-Athlete or Parent/Guardian if under 18

7.2.2013