

**LAKE FOREST COLLEGE  
Athletic Training Room / Student Health Service**

**Please read, sign and return the following consent form. If you are under the age of 18, you must also have your parents sign. If you choose to refuse to sign this form, please write, "Refuse to Sign", date and print your name and / or your parents' names.**

**INFORMED MEDICAL and AUTHORIZATION FOR RELEASE OF  
INFORMATION CONSENTS**

I am aware that trying-out, practicing or playing in any sport can be a dangerous activity involving many risks or injury. I understand that the dangers and risks include, but are not limited to, death; serious head, neck and spinal injuries; paralysis; injuries or impairment to the musculo-skeletal system or other aspects of the body, general health and well being.

Because of the dangers of participating in sports, I recognize the importance of following the instructions of the athletic department personnel regarding playing techniques, training, rules of the team / sport, equipment, and to obey such rules. I also acknowledge that some sports are classified as violent contact sports involving even greater risk of injury than other sports.

I hereby grant permission to LFC Team Health Care Providers and / or consulting physicians to render to myself (my son / daughter) any treatment, medical or surgical care that they deem reasonably necessary to the health and well being of the athlete.

I hereby authorize the LFC Athletic Trainers, who are under the direction and guidance of the LFC Team Health Care Providers, to render to myself (my son / daughter) any preventable measures for injuries, first aid, treatment, rehabilitative or emergency care that they deem necessary to the health and well being of the athlete. This includes practices, games and travel. When necessary for executing such case, I grant permission for hospitalization at an accredited hospital.

I authorize LFC Team Health Care Providers, Athletic Trainers and other athletic personnel to release medical information on myself (my son / daughter) to the LFC Sports Information Department, Dean's Office, various media outlets and professional team personnel, any information concerning illness or injury relative to my past, present or future participation in LFC Athletics. I further consent to the release of my name, likeness and biography for the purpose of promoting athletics at LFC and events to various media outlets and the public at large.

**Signature may be that of an athlete over 18 years of age; if under 18, please have this signed by a parent or legal guardian.**

**DATE:** \_\_\_\_\_ **NAME:** \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**SOCIAL SECURITY NUMBER**

\_\_\_\_\_  
**PARENT/ LEGAL GUARDIAN SIGNATURE**