

William Jewell Athletic Medicine

Student-Athlete Injury/Illness Release

I, the undersigned, do hereby authorize the head coach, team physician(s), and /or athletic trainer(s) to release, verbally and/or in writing, to sports information and/or the media, for purposes related to press releases and/or articles, all information pertaining to injuries/illnesses that affect my sports participation.

I, _____, of lawful age and being duly sworn on my own oath states as follows:

That I have read the above and foregoing Student-Athlete Injury/Illness Release and understand the statement therein; that I authorize the head coach, team physician(s) and/or athletic trainer(s) to release verbally and/or in writing to sports information and/or journalists all information pertaining to injuries/illnesses that affect my sports participation.

Signature of Student-Athlete

Date

Parent/Guardian Signature