



Athletics Department
 Saunders Sports Complex
 PO Box 265
 Paul Smiths, NY 12970

Agreement to Participate

(Please Print Legibly)

Athlete's Name: _____ Sport(s): _____

Home Address: _____
 (Street) (City) (State) (Zip)

I am aware that playing or practicing in any sport can be a dangerous activity involving many risks, including injury. I understand that the dangers and risks of playing or practicing in any sport include, but are not limited to: death, serious neck and spinal injuries which may result in complete or partial paralysis or brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular-skeletal system and serious injury or impairment to other aspects of my body, general health and well being. I specifically acknowledge that contact sports can involve even greater risk of injury than some other sports.

Because of the dangers of participating in the above sport, I recognize the importance of following the coach's instructions regarding playing techniques, training, rules of the sport, and other team rules and obeying such instructions. I understand and endorse the communication among the coach(es), athletic trainer, Paul Smith's College medical staff, and others with regards to my medical condition and health, as this allows for better treatment and rehabilitation.

In consideration of the College permitting me to practice, play, or to try out for the College's team and to engage in all activities related to the team, including practicing, playing and traveling, I hereby voluntarily assume all risks associated with participation and agree to exonerate and save harmless the College, their agents, servants and employees, the athletic staff of the College, the physicians and other practitioners of the healing arts treating me from any and all liability, claims, causes of action or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to the College sports team. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and all members of my family.

I hereby agree to submit any disputes that may arise between myself and the College, its agents, servants and employees, the athletic staff of the College, the physicians and other practitioners of the healing arts treating me, and their agents, servants and employees, in connection with my activities at the College, to binding arbitration before three arbitrators, in accordance with the Rules of the American Arbitration Association.

 (Signature of Student Athlete (or Parent/Guardian if under 18))

 (Date)