



DEPARTMENT OF ATHLETICS ASSUMPTION OF RISK/RELEASE

NAME: _____ SPORT: _____

In consideration of being allowed to participate in any way in the Athletic Department at Allegany College of Maryland (the "College"), and/or related events and activities of the Athletic Department at the College, I, _____:

(Please Print Name)

1. Acknowledge and fully understand that I will be engaging in activities that involve risk or serious injury, including permanent disability and death, serious neck and spinal injuries, ligament, muscles, tendons and serious injury and/or impairment to other aspects of my body, general health and well-being, and severe social and economic losses which might result not only from my actions, inaction's, or negligence but the actions, inaction's, or negligence of others, the rules of play or the conditions of the premises or of any equipment used. Further, that there may be other risks not known to me or not reasonably foreseeable at this time.
2. Knowingly and freely assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent or temporary disability, or death. I understand that I must refrain from practices or games during medical treatment until I am discharged from treatment by the team physical and/or certified athletic trainer.
3. Acknowledge and understand that I have been advised by the College and the Office of Athletic Department to obtain a physical examination to determine that I am fit to participate in Athletic Department activities and to procure health and accident insurance to cover the costs incurred from injuries I may sustain as a result of my participation in Athletic Department activities. I understand that having passed the physical examination does not necessarily mean that I am physically qualified to engage in athletics, but only that the examiner did not find a medical reason to disqualify me.
4. On behalf of myself and my heirs, executors, administrators and assigns, voluntarily assume all risks of loss, damage, illness or death that I may sustain while participating in College or Athletic Department activities, and in consideration of the right to participate in such programs, including but not limited to trying out, practicing and/or playing/participating in the Athletic Department program, I agree to refrain from instituting any claim, demand, action or cause of action for damages, costs, restitution or compensation against the State of Maryland, the Board of Regents of the College of Maryland System, Allegany College of Maryland, the College Department of Athletics, and their respective officers, agents, coaches, volunteers or employees (individually and collectively referred to as the "Released Parties"), for any injury or loss which may occur as a result of participation in College Athletic Department activities including but not limited to related travel, lodging, social/recreational activities.
5. On behalf of myself and my heirs, executors, administrators, and assigns, release, waive, discharge and covenant of, claims and demands of whatever nature, liabilities, loses or property, arising out of, as a result of, in any way relating to or arising from, and/or by reason of my participation in College or Athletic Department activities, including but not limited to losses or damages resulting from the negligence of the Released Parties.
6. I also understand that Allegany College of Maryland retains the right to use for publicity and advertising, photographs and video taken of participants at the discretion of the Athletics Department.
7. I understand and accept the risks of possible exposure to and illness from infectious diseases, including but not limited to MRSA, influenza, and COVID19. By signing below, I pledge to do my best to reduce

these risks by following rules and personal discipline, and acknowledge that risk of serious illness and death exists. I knowingly and freely assume all such risks, both known and unknown, and release and hold harmless the NJCAA, Region XX, MD JUCO, ACM, and all member institutions, officers, officials, employees, other participants, and constituents, with respect to any and all illness, disability, death, or loss or damage to person or property to the fullest extent permitted by law.

8. Have read and understand the consent of this Assumption of Risk and Release and sign voluntarily.

Name of Student-Athlete (Please Print): _____

Signature of Student-Athlete

Date of Birth

Date

****If student athlete is under the age of 18, a parent/guardian of this student must sign this Assumption of Risk/Release****

Signature of Parent/Guardian

Date