



## Labette Community College – Athletic Department Sports Participation Agreement and Release

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I, \_\_\_\_\_ desire to participate in intercollegiate sports (hereinafter referred to as “college sports”) at Labette Community College. College sports include participation in practices and competition. In consideration of being allowed to participate in college sports, I hereby acknowledge and agree as follows:

### **I. ASSUMPTION OF RISK**

There are many special benefits from the activities being offered to student athletes by the intercollegiate athletic program at Labette Community College. Within the activities it must be understood that there are dangers that may lead to injury to student-athletes. Therefore, the purpose of this section is to make all student-athletes aware that dangers do exist and that participation is voluntary with the understanding that risks are involved. It is to be further understood that student-athletes must share in the responsibility for their own safety and safety of others as each participates in college sports.

The student-athlete participating in college sports could mildly, moderately or severely injure the anatomy in one or several of the following which may include, but are not limited to: ankles, knees, shoulders, fingers, face, head, back, neck, eyes, muscles, tendons, ligaments, skin, teeth, bone, including broken bones and any of the vital organs. Catastrophic injuries of death and permanent paralysis may also occur during sports participation. There is not an absolute preventative against any of the mentioned potential injury sites.

### **II. ACKNOWLEDGMENT OF RISK**

I acknowledge that I have read the assumption of risk statement and I am aware that there is a possibility that I may suffer mild, moderate, or severe injury, including paralysis or death, or head injury, concussion due to participation in college sports. I further acknowledge any injury incurred may cause life-long disability to joints, muscles, ligaments, tendons, or any of the vital organs.

I am in good physical and mental health and do not have any physical or mental conditions which could affect my ability to participate in college sports. I acknowledge the possibility that I may have a medical condition of which I am unaware that could put me at risk for injury or death. I fully assume all risks of injury or death in that regard as well.

### **III. INDEMNIFICATION AND HOLD HARMLESS**

I shall indemnify and hold harmless Labette Community College including, but not limited to, its governing board and board members, its officers, employees, representatives, directors, agents, and students acting as employees for and from any and all demands, claims, actions, suits, damages, losses, liabilities, costs and expenses arising, directly or indirectly, as a result of my intentional or negligent acts, including my failure to wear protective headgear and equipment and to train properly for the sport, or omissions during or as part of college sports.

### **IV. COMPLIANCE WITH LAWS AND COLLEGE POLICIES**

I shall fully comply with all applicable laws, Labette Community College policies, and all sports rules and regulations while involved in college sports. If my participation in college sports is at any time deemed detrimental to the team, to Labette Community College, or to any other participants, as determined by Labette Community College in its sole discretion, I understand that I may be suspended or removed from college sports without Labette Community College incurring any liability; I also may be subject to further disciplinary action.

### **V. INSURANCE**

Labette Community College does not provide health insurance to participants in college sports, however, athletes injured while participating in a Labette Community College sponsored activity (practice or game for Labette Community College) are covered under the Labette Community College athletic insurance policy. In order to receive

these insurance benefits athletes must complete the following steps to insure Labette Community College will cover the expenses incurred from that injury.

1. **Proof of Insurance:** I agree that prior to participating in college sports I will produce proof satisfactory to Labette Community College that I have insurance coverage. If no such coverage exists an **Affidavit of No Insurance** form will be signed, and I further agree that Labette Community College may at any time ask me to provide such proof.
2. **Injury Claim Form --- REQUIRED!:** I agree to immediately notify my Head Coach and Athletic Trainer of any injury I sustain participating in college sports while attending Labette Community College. I understand an injury claim form **MUST** be filled out within 30 days of the injury (including emergencies) and signed by a Labette Community College employee verifying the injury in order for any medical bills to be paid by Labette Community College athletic insurance. I understand that all appointments must go through the Athletic Trainer and any appointments made outside the advice of the Athletic Trainer will be my responsibility.
3. **Pre-Approval:** I understand that I will not be covered by Labette Community College athletic insurance if I choose to attain non-emergency treatment outside of Labette Community College pre-authorized team physicians without prior approval from Labette Community College insurance officials and/or insurance company. I further understand that I will become responsible for any medical expenses should I obtain medical care outside the LCC network area. **Example: Electing to utilize a physicians group or surgical center outside the LCC network area to obtain treatment and/or second opinions on treatment options.**
4. **Post-Poning Treatment of an Injury:** I understand that if I choose to post-pone treatment against the advice of Labette Community College employee(s) in order to get treatment at a later date that I may lose my ability to make a claim against Labette Community College insurance benefits.
5. **Athletes with PPO or HMO Coverage -- BE CAREFUL:** I agree to abide by all rules of **MY** insurance company and understand these rules must be followed first before Labette Community College's insurance company can act on any injury claim. I understand that if I do not follow personal insurance instructions (HMO, PPO) for medical care that I may be at risk to lose benefits. **Example: If your insurance does not pay because you did not get pre-authorization, Labette Community College's athletic insurance will not cover the injury.**
6. **Paperwork -- MUST come through LCC Athletic Office:** I understand that Labette Community College's insurance is considered secondary insurance and benefits will begin after all bills have been processed by my (or my parent's) primary insurance company. I agree to notify and provide the LCC athletic office with any remaining medical bills and EOBs (Explanations of Benefits) from my (or my parent's) primary insurance company after they have been processed. I understand that failure to turn the needed paperwork in will delay or may cause non-payment of bills due to time limitations on the policy.
7. **Voluntary Workouts and/or Open Gym:** I understand that any voluntary workouts, including voluntary practices not called by the coach, and/or open gym situations where a coach is not directly observing, are done completely on my own accord. In addition, I understand that any injury occurring that requires medical referral (hospital, doctor visit, etc.) will be my financial responsibility.
8. **Labette Community College Insurance DOES NOT COVER:**
  - a. Pre-existing and/or out-of-season injuries/ailments.  
*(EXCEPTION: Coverage is provided for out-of-season injuries only if athlete is being supervised by or is under the direct orders of their Head Coach.)*
  - b. Illness not directly related to "approved competition" or "practice".  
*(EXAMPLE: Colds; Ulcers; Measles; Strep Throat; Tonsillitis.)*
  - c. Injuries that fall outside the insurance company's time line.
  - d. Braces for prevention of injuries are not covered. *(NOTE: Braces for rehabilitation purposes are covered.)*

**I UNDERSTAND THE ABOVE:** I understand that before I am approved for participation, I am required to sign below acknowledging that I have read and fully understand this agreement. I certify that I am at least eighteen years of age, fully competent, and entering into this agreement voluntarily and of my own judgment. If I am under eighteen years of age, then my parents and/or legal guardian sign below in addition to me, and in doing so, the parents/legal guardian agree to be bound by the terms hereof and agree that to the extent allowed by law this agreement shall be binding upon them and upon the student.

I understand that all other insurance rules still apply and failure to follow any of the above stated rules may result in some or possibly all my medical bills not being paid by Labette Community College.

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**Print Student-Athlete Name**

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**Date**

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**Sport**

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**Student-Athlete Signature**

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**Date**

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**Signature of Parent or Legal Guardian  
(If student-athlete is under 18 years of age)**

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**Date**