

**INTERCOLLEGIATE ATHLETICS  
STUDENT-ATHLETE'S ACKNOWLEDGEMENT AND  
ASSUMPTION OF ATHLETIC RISK AND RESPONSIBILITY**

**NORTHERN ILLINOIS UNIVERSITY**

Date \_\_\_\_\_

Name \_\_\_\_\_ NIU ID # \_\_\_\_\_

The undersigned herewith formally acknowledges and declares the following:

I understand that training, traveling and participation in sport requires a personal acceptance of risk of serious injury. Athletes generally expect that those who are responsible for the training, travel and conduct of sport take reasonable precautions to minimize such risk and that their peers participating in the sport will not intentionally inflict wrongful injury upon them.

Periodic analysis of injury patterns leads to refinement in the training methods, sport rules and other safety decisions. However, to legislate safety via a rule book and equipment standards, while often necessary, seldom is effective by itself. To rely on officials to enforce compliance with a set of rules can be as practically insufficient as reliance on warning labels to always avoid or prevent injuries or sickness. Chance and risk of injury are an inescapable part of physical athletic training and competition.

*I understand that training, traveling and participation in Intercollegiate Athletics at Northern Illinois University may involve accidents resulting in injury/illness, permanent physical or mental impairment or even death. These injuries may be minor or may be career or life threatening. I understand that Northern Illinois University cannot be held responsible for any injuries or conditions which may be caused by the actions of third parties, other student-athletes, other teams, or myself. I further understand that I may have personal physical conditions that may appear during my training, conditioning or participation in competition that my coaches, athletic trainers and medical support providers may not know about that can cause me unanticipated injury/illness, permanent physical or mental impairment, or even death. I also understand that injuries may be caused by my own failure to follow safety procedures or techniques that are made known to me by my coaching staff, athletic training staff, or by the Strength and Conditioning personnel or are otherwise known to me from any other source including but not limited to medical personnel of the University.*

I have read the above risks statement. I understand that there are certain inherent risks involved in training, traveling and participating in an intercollegiate athletics program. I acknowledge the fact that these various risks exist and I am voluntarily willing to personally assume responsibility for any and all such risks while participating in Intercollegiate Athletics at Northern Illinois University. As inducements to my being permitted to participate, I also agree as follows:

- A. I voluntarily assume all risks associated with my participation in Intercollegiate Athletics as administered by Northern Illinois University.
- B. I accept that Northern Illinois University and its personnel are not to be held responsible for any pre-existing medical condition(s) that I may have.
- C. I understand that having passed the physical examination does not necessarily mean that I am physically qualified to participate in Intercollegiate Athletics at Northern Illinois University, but only that the evaluator did not find a medical reason to disqualify me at the time of physical examination.
- D. I understand that I must refrain from practice while injured or ill, whether or not receiving medical care. When under medical care I may not return to participation until I have been given permission, based on independent exercise of professional judgment, by the attending Team Physician after review of my condition and fitness for the rigors of my sport. This may occur during or at the conclusion of medical treatment.
- E. I understand and agree that if I experience an injury/illness or change in my health status it is my responsibility to inform my Head Coach and the Athletic Trainer in charge of my sport and to adhere to the established injury management guidelines which includes total rehabilitation and reassessments before I am released to return to full participation.
- F. **Governing Law and Jurisdiction.** *The laws of the State of Illinois shall govern the validity, construction and enforceability of this Agreement, without giving effect to its conflict of laws principles. All suits, actions, claims and causes of action relating to the construction, validity, performance and enforcement of this Agreement shall be in the State of Illinois Court of Claims.*

**I HAVE READ, UNDERSTAND AND VOLUNTARILY AGREE TO THE ABOVE STATEMENTS**

Date \_\_\_\_\_ Name (print) \_\_\_\_\_ Signed \_\_\_\_\_

Witness \_\_\_\_\_