

OTHS Athletic Training Services

CONSENT

I understand that OTHS will provide sports medicine services to the student athletes during practices, meets, and games. I understand that the OTHS trainer(s) are OTHS staff and are employed, controlled, and supervised by OTHS. I understand that OTHS approved Team Doctors may volunteer their time in coordination with the OTHS trainer and the hospitals in which they are employed. I understand that the Team Doctors are not employed by OTHS. I understand that the OTHS employed trainer(s) as well as the District approved volunteer Team Doctors will act as the "OTHS Athletic Training Services".

I hereby request and authorize OTHS Training Services to provide and perform such medical care, therapy, tests, procedures, or other services considered advisable for my health and wellbeing during my training for and participation in my school's athletics. I acknowledge that no guarantees have been made as to the result of treatments or examinations performed by OTHS Training Services and that unforeseen results may occur.

In the event of an injury or accident to me during participation in an athletic activity, I acknowledge that the OTHS Training Services or school officials, as appropriate, are authorized to seek immediate medical attention, including ambulance services and assistance at the nearest medical facility.

I have read this authorization, fully understand its contents, and agree to be bound by its terms. I acknowledge and represent I am 18 years of age or older and have the right to contract in my own name or that I am legally authorized to sign for the student-athlete named below.

Student-Athlete Printed Name

School

Signature

Relationship to Student-Athlete

Date of Signature

Please return signed forms to the school.