

Athlete Medical Information Release Form (HIPAA)

Per the Health Insurance Portability and Accountability Act the following signature will authorize the insurance coordinator, certified athletic trainers, team physicians and affiliated medical staff to communicate and view medical records pertaining to health related issues as a result of my participation in _____ at Merritt College. The following methods of communication and injury documentation can be used:

Oral, written, or electronic communication regarding health issues between the insurance coordinator, the team physician and supporting medical staff.

Oral, written, or electronic communication regarding health issues between the insurance coordinator and coaching staff.

Oral, written, or electronic communication regarding health issues between the insurance coordinator and the athlete's parents, (per athlete's request).

Oral, written, or electronic communication regarding health issues between the insurance coordinator, the team physician, supporting medical staff and the Insurance Company, Carrier, or TPA for the Student Athlete Insurance Network provided by Peralta Community College District and Merritt College on my behalf.

I have read and understand the means of communication and documentation that will take place regarding my health history and any injury information that may develop because of my involvement in athletics.

____ I hereby authorize the release of the above medical information relating to my athletic injuries as designated above.

____ I do not wish to release the above medical information and understand that it will be my responsibility to handle all aspects of the communication and payment information for my athletic related injuries.

Athlete Signature

Student ID

Parent/guardian Signature (if member is a minor)

Date

**MERRITT COLLEGE
DEPARTMENT OF ATHLETICS**

**ACKNOWLEDGEMENT OF THE RISKS OF ATHLETIC
PARTICIPATION and WAIVER AND HOLD HARMLESS
AGREEMENT**

An Athletic Trainer or authorized member of the Merritt College Department of Athletics has explained the dangers inherent in participating in athletic activities to me. I fully understand that there is the risk of serious injury or death while participating in athletic activities offered by the Peralta Community College District.

I acknowledge the importance of following the coaches' instructions regarding playing techniques, equipment, training and team rules for my protection and that of my teammates.

I hereby assume all of the risks associated with my participation in intercollegiate athletics and agree to waive any liability and to hold harmless the Peralta Community College District and, its Board of Trustees, officers, employees, agents, representatives, coaches, athletic trainers, managers, student athletic trainers, or volunteers from any and all claims, demands, losses, or liabilities of any kind or nature including serious injury or death which may arise in connection with my participation in athletic activities.

The above also holds true in the event that I arrange for my own transportation to or from a sanctioned away event or practice.

Athlete _____ Date _____
Printed Name

Signature Sport _____

ID# _____

Parent/Guardian (if athlete is a minor) _____
Printed Name

Date _____
Signature _____