



# Lancaster General College Athletics Participation Release

*This is a permanent release, but by signing you agree to send updates when and if your insurance changes.*

**PLEASE PRINT ALL INFORMATION LEGIBLY**

Full First Name, MI, Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Nickname: \_\_\_\_\_ Student: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address(es): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Statement of Automobile Insurance / Driver's License

The participant is covered by the following auto insurance and is in possession of the following driver's license:

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Driver's License Number and State: \_\_\_\_\_

### Statement of Medical Insurance

The participant is covered by the following health/medical insurance:

Name of insurance company: \_\_\_\_\_ Type of insurance: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Important Medical Information: \_\_\_\_\_ Known Allergies: \_\_\_\_\_

### Consent to Incidental Immediate Medical Treatment

I hereby give my permission for incidental immediate medical treatment necessary in the event of accident, injury, illness, etc., with the understanding that I am responsible for any costs incurred for both immediate treatment and further treatment, including cost of transportation. I release from liability all parties involved in treatment, as indicated in the Liability Release below.

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Liability Release

I, the participant, an adult of legal age, agree that I will abide by the rules of Lancaster General College Athletics and its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with physical activity and in consideration of Lancaster General College Athletics accepting the participant for its athletics programs and activities (the "Programs"), I the participant, intending to be legally bound, hereby release, discharge, and/or indemnify Lancaster General College Athletics, Lancaster General College of Nursing & Health Sciences, Lancaster General Hospital, Lancaster General, and their affiliated organizations and sponsors, their employees, agents, administrators, board members and associated personnel, including the owners of routes or facilities utilized for the Programs, and any event sponsors, against any claim by or on behalf of the participant as a result of participation in the Programs, direct or indirect, including training for, competing in, and/or being transported to or from the Programs, which transportation I authorize.

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Drug and Alcohol Policy

Lancaster General College Athletics has a zero-tolerance policy of any use and abuse of all drugs, smoking, alcohol, and mood altering substances. Any participant found smoking or using alcohol, drugs or mood altering substances during any athletics event or while traveling to and from any athletics event will be dismissed from the team.

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Conduct Policy

Lancaster General College Athletics expects all participants to act as ambassadors of the college and their sport. Players will at all times act respectfully towards all co-participants and officials at all events.

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_