



## MVU/NMC ATHLETIC TRAINING AGREEMENT



**\*Online Electronic Signature Done with Athlete Registration\***

Missisquoi Valley Union and Northwestern Medical Center have reached an agreement in forming a partnership to provide extra medical staff onsite for our athletes at practices and games on designated days. As a result of the partnership, we are asking each athlete and family to sign a consent authorizing NMC to provide treatment within the scope of their practice.

### Agreement to Assume Risks of Athletic Participation

I hereby grant permission to Northwestern Medical Center’s Athletic Trainer, Physical Therapist or medical provider, to render any injury evaluations, preventative, first aid, rehabilitative or emergency treatment, that they deem is reasonably necessary to the health and well-being of my son/daughter. I recognize that my child is responsible for reporting any injuries promptly to the medical staff, and for following their recommendations for treatment

I understand that NMC medical staff reserve the right to determine when an athlete may return to play following and injury.

Having understood the risks of athletic participation, I voluntarily assume and accept these risks. I, on my own behalf, hereby release and discharge Northwestern Medical Center, and any of its employees, from all liabilities for injury or illness to my child during his/her athletic participation.

I understand and agree that by signing this “Agreement to Assume Risks of Athletic Participation” on behalf of my minor child, that I will be giving up the same rights for my minor child as I would be giving up if I signed this document on my own behalf. I further agree, as a parent or legal guardian of a minor participant under 18 years of age, that I will advise my minor child regarding the above warning and conditions and their ramifications, and that I consent to my child’s participation. I hereby consent for my minor child to the assumption of risks described in this Agreement.

I understand and agree that this Agreement shall be governed by, and construed in accordance with, the laws of the State of Vermont.

\_\_\_\_\_  
Athlete’s Name (Please Print)

\_\_\_\_\_  
Athlete’s Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date