

BELHAVEN UNIVERSITY
Dance Department

CONSENT TO TREAT

I, _____, hereby give my consent to the Athletic Trainer (AT) of the Dance Department at Belhaven University to perform healthcare services, including: preventative, injury evaluation and diagnosis, emergency and first aid treatment, and rehabilitative and reconditioning treatment to my person relative to injuries and illnesses that may occur upon participation in BU Dance Department classes, rehearsals, and performances. It is also my understanding that the Dance AT or providing physician has the authority to withhold me from further participation in BU Dance Department classes, rehearsals, and performances because of an injury or illness.

Print Name: _____ Student's Signature: _____

Date: ____/____/____ Parent/Guardian (if a minor): _____

ASSUMPTION OF RISK

I, _____, understand that there are risks of injury arising from my participation in dance. To decrease the risk of injury, I must adhere to all instructions and policies of the BU Dance Department. I acknowledge that proper use of equipment, proper training, and adherence to BU Dance Department rules may not prevent all risks of injury, and I assume those risks. To the best of my ability, I agree to notify the Dance AT of all injuries or illnesses I incur during my participation as a BU dancer in classes, rehearsals, or performances. I understand that notifying the Dance AT of any injury or illness in a timely manner helps me receive proper treatment, and if I withhold this information, I may be exposing myself to potentially more damage and/or a longer recovery. Additionally, I understand and acknowledge that the Dance AT is not required to treat any injury or illness that occurs outside of a BU Dance Department sponsored class, rehearsal, or performance. If injured outside of dance, I understand that it is my responsibility to receive the appropriate medical care for the injury or illness. Additionally, if I receive medical care from an outside medical professional for an injury, surgical operation, or communicable illness, a physician's clearance will be required to return to dance classes, rehearsals, and performances.

In consideration of being permitted to participate in the BU Dance Program, I hereby release BU, the Dance Athletic Trainer, dance faculty, and those participating in the course of my medical care from all liability and responsibility for any loss or injury related to my participation in the BU Dance program. I further agree to indemnify and hold harmless said parties from all claims hereafter made by me or on my behalf by my parents, guardians, or assigns.

Print Name: _____ Student's Signature: _____

Date: ____/____/____ Parent/Guardian (if a minor): _____

MEDICAL INFORMATION RELEASE FORM

I, _____, hereby authorize and consent to the release of any pertinent medical information and records regarding the treatment, diagnoses, and/or examination relative to injuries or illnesses that may affect my participation in the BU Dance Program to the Dance AT and/or dance faculty as is necessary for the appropriate treatment of those injuries/illnesses.

In addition, I acknowledge that certain details of an injury or illness may be used for the purpose of clinical research or in the BU Dance Department's Dance Medicine education programs **ONLY in a de-identified format** so that my medical data cannot be connected to my name or other identity. I understand that I may revoke authorization of using my injury or illness details in clinical research or Dance Medicine education courses at any time in writing to the BU Dance Department. Unless I exercise my right to revoke this authorization, this medical release for educational purposes will be in effect for the duration of my participation in dance at BU, beginning with the date below.

For dance students 18 years or older: Pertinent medical information may also be released to my parents/legal guardians. I understand that I can revoke this authorization at any time in writing to the BU Dance Department. Before medical information is released to parents/legal guardians, the Dance Athletic Trainer will verify with the dance student that they authorize this release of information. ☐ Yes ☐ No

Print Name: _____ Student's Signature: _____

Date: ____/____/____ Parent/Guardian (if a minor): _____

If you are having difficulty reading this document please contact Belhaven University Dance Department and we will assist you