



RISK AND RESPONSIBILITY

This form is to be used in the instance an athletic training student wishes to travel either to/from/both an athletic event where they are involved in a clinical experience. Make sure all signatures are in place prior to departure and this form is given to the Program Director or Head Athletic Trainer to be kept on file in the student's academic folder.

Release from Liability

I, _____, release Hope College from all responsibility for my safety, actions, and travel until such time as I check-in with the certified athletic trainer on-site at which time I will be an official participant of the clinical portion of the athletic training experience.

Student Name (print) Signature of student Date

Program Leader Name (print) Signature of Program Leader Date

RISK AND RESPONSIBILITY

Release from Liability

I, _____, release Hope College from all liability after I depart the clinical experience program at (list institution here)_____ and personally assume all risk and responsibilities concerning my safety, actions, and welfare.

Student Name (print) Signature of student Date

Program Leader Name (print) Signature of Program Leader Date