SECTION 7 – ACKNOWLEDGEMENT STATEMENT

STUDENT-ATHLETE
ACKNOWLEDGEMENT STATEMENT

By signing below I acknowledge that I have received a copy of the Navajo Technical University student-Athlete Handbook and reviewed the information contained within the Navajo Technical University Student-Athlete Handbook. I understand the contents of the Student-Athlete Handbook and realize that I am subject to disciplinary measures should I violate them. I agree to participate and conduct myself in accordance with the rules of the Navajo Technical University Athletic Department and any other specific rules of Navajo Technical University or the coaches.

I acknowledge that while a student-athlete at Navajo Technical University my photo may be taken. I understand that the Navajo Technical University Athletic Department reserves the right to co-ownership of those photos with the photographer and to use the photos for departmental, promotional and resale purposes. By signing below I consent my photos to be used for departmental, promotional and resale purposes.

I understand that failure to sign and return this form to my Head Coach will result in my being declared temporarily ineligible for practice or competition.

Print Name:

_____

Your Sport:

_____

Signature:

_____

Date:

_____

Acknowledgement:

_____

Athletic Director/Coach

Sports Physical Form

Name: _____ Gender: M F Date of Birth: ___/___/___ Father's Name:
_____ Daytime phone, pager, cell phone: _____ Mother's Name:
_____ Daytime, phone, pager, cell phone: _____ Street address:
_____ City:
_____ State: _____ Zip Code: _____ Home phone: _____ Alternate
Emergency Contact Person: _____ Daytime phone: _____ Please indicate
MEDICAL ALERTS such as allergic reactions, contact lenses, etc.:
_____

Medical History:

Athletes and parents: This health record is a critical element in the determination of an athlete's risk of injury in sports. Please take the time to read and answer all questions before seeing a physician for the athlete's physical examination.

1.	Has anyone in the athlete's family (grandparents, mother, father, brother, sister, aunt, uncle) died suddenly before age 50?	YES NO Don't Know
2.	Has the athlete ever stopped exercising because of dizziness or passed out during exercise?	YES NO Don't Know
3.	Does the athlete have asthma (wheezing), hay fever, or coughing spells after exercise?	YES NO Don't Know
4.	Has the athlete ever had a broken bone, had to wear a cast, or had an injury to any joint?	YES NO Don't Know
5.	Does the athlete have a history of concussion (getting knocked out)?	YES NO Don't Know
6.	Has the athlete ever suffered a heat-related illness (heat stroke)?	YES NO Don't Know
7.	Does the athlete have a chronic illness or see a doctor regularly for any particular problem?	YES NO Don't Know
8.	Does the athlete take any medication(s)?	YES NO Don't Know
9.	Is the athlete allergic to any medications or bee stings?	YES NO Don't Know
10.	Does the athlete have only one of any paired organs? (Eyes, ears, kidneys, testicles, ovaries)	YES NO Don't Know
11.	Has the athlete had an injury in the last year that caused the athlete to miss 3 or more consecutive days of practice or competition?	YES NO Don't Know
12.	Has the athlete had surgery or been hospitalized in the past year?	YES NO Don't Know
13.	Has the athlete missed more than 5 consecutive days of participation in usual activities because of illness, or has the athlete had a medical illness diagnosed that has not been resolved in the past year?	YES NO Don't Know
14.	Are you, the athlete, worried about any problem or condition at this time?	YES NO Don't Know

Please give details on any "YES" answer from the above health history.

_____
_____
_____
_____

PHYSICAL EXAM – TO BE COMPLETED BY PHYSICIAN

Height _____ Weight _____ Pulse _____ Blood Pressure _____

Vision: R _____ / _____ uncorrected R _____ / _____ corrected L _____ / _____ uncorrected L _____ / _____ corrected

	Normal	Abnormal Findings	Initials
1. Eyes			
2. Ears, Nose, Throat			
3. Mouth & Teeth			
4. Neck			
5. Cardiovascular			
6. Chest & Lungs			
7. Abdomen			
8. Skin			
9. Genitalia-Hernia (male)			
10. Muskuloskeletal: ROM, strength, etc.			
a. neck			
b. spine			
c. shoulders			
d. arms/ hands			
e. hips			
f. thighs			
g. knees			
h. ankles			
i. feet			
11. Neuromuscular			

Please Print/ Stamp

Physician's Name _____ Street Address _____ City, State, Zip Code _____ Telephone _____

I certify that I have examined this athlete and found him/her medically qualified to participate in sports. I also certify that I am a licensed medical physician, physician's assistant, or family nurse practitioner. (Doctor of Chiropractic Medicine is not satisfactory.)

Physician Signature _____ Date _____

PARTICIPATION RESTRICTIONS: _____

_____

_____

EMERGENCY CONTACT AND PROOF OF INSURANCE

By filling out and signing this form, the parent(s)/guardian(s) are stating that the student athlete is covered by insurance. **REMINDER:** All student athletes must be covered by insurance before they can plan or practice in a university sponsored sport.

Student Name: _____ Date of Birth: _____

Male: ____ Female: ____ Social Security # ___-___-____ Phone: _____

Home Address: _____ City: _____ Zip: _____

Father/Guardian's Name: _____ Work Phone: _____

Mother's Name: _____ Work Phone: _____

Primary Health Insurance Company: _____

Name of Policy Holder: _____

Employer's Name: _____ Group ID# _____

Policy ID#: _____ Coverage under _____ Self _____ Parent/Guardian

If the student is insured under more than one policy, provide the additional information on the bottom or back of this form.

Date: _____ Student-Athlete Signature: _____

Date: _____ Parent Signature: _____

Emergency Contact Information

Contact #1: Name_____Relation_____

Address_____ Home Phone_____

Work Phone_____ Cellular Phone_____

Contact #2: Name_____Relation_____

Address_____ Home Phone_____

Work Phone_____ Cellular Phone_____

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STUDENT-ATHLETE TRAVEL RELEASE FORM	
All individuals are expected to travel to and from competition with their team, unless they have completed this form and provided it to their coach prior to the event. Student-athletes traveling to and from University funded and/or sponsored events must travel with their team or be accompanied by a coach or staff member. The only exception to this policy is if the student-athlete is traveling with a parent or legal guardian. Any alternate travel must be approved using this form. Student-athletes in violation of this policy will be subject to disciplinary action.	
PERSONAL INFORMATION	
Student Name:	Student ID Number:
Home Phone:	Cell Phone:
Sport(s) You Play:	Coaches Name:
RELEASE REQUEST	
Date of Event:	Means of Travel:
Name of Parent/Legal Guardian:	
Signature (s)	
Student:	Date:
Coach/Staff:	Date:

EST. 1979

NAVAJO TECHNICAL UNIVERSITY

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CONSENT FOR RELEASE/DISCLOSURE

Date: _____

To: _____

From: _____

I _____ _____ ☐ Request ☐ Authorize

Name of Student **NTU ID Number**

George LaFrance
Athletic Director & Head Coach _____

_____

Name of Person/Organization to release information

To disclose:

☐ All Academic Records

☐ Grades/Transcript

☐ Financial Aid Records

☐ Attendance

☐ Schedule

☐ Address and Phone Number

☐ Other: _____

For the Purpose of: _____

_____

Effective Date of Consent: _____ **Date Consent Expires:** _____

I understand that my records are protected under the Federal Family Educational Rights and Privacy Act of 1974 (FERPA) and cannot be disclosed without my written consent unless otherwise provided in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it (e.g. probation or parole) and that in any event this consent expires automatically as described above.

Student's Signature: _____ **Date:** _____

NAVAJO TECHNICAL UNIVERSITY

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WAIVER AND RELEASE OF LIABILITY

I, _____, understand that attendance at Navajo Technical University (NTU), at times, may involve certain risks, which NTU cannot anticipate, change or improve. Such risks may include risks to my health or wellbeing; my inexperience or unfamiliarity with equipment that may be incorporated into the educational process; remoteness of NTU; unfamiliarity with the educational environment, conditions or requirements; unintended exposure to various pathogens; federal, state, tribal, or local governmental orders that could restrict school attendance, travel or activities; inadequate or unavailable healthcare facilities or assistance; accident; or mistake. These risks may result in inconvenience, loss, injury, illness, damages to me, including personal injury or extended quarantine or isolation, up to and including my death, or damage or loss to my personal property.

I further understand and agree that NTU does not assume responsibility or liability for and has not made, does not make, and cannot make any representations whatsoever regarding my personal health and safety or that of my property while attending NTU. I hereby RELEASE, WAIVE, FOREVER DISCHARGE AND HOLD HARMLESS, AND COVENANT NOT TO SUE NTU, a not-for-profit organization, its successors and assigns, board, directors, officers, faculty, employees, and volunteers from any and all liability, for any and all claims or causes of action related to my person, property, or other legal claims, including but not limited to, any loss of property, injury, disability, or death, including but not limited to negligence and/or failure to supervise, that may arise from my attendance at NTU, whether foreseen or unforeseen, known or unknown, and I assume full responsibility for any illness, injuries, damages, or losses that may arise out of my attendance at NTU, up to and including my death. I also understand that this release binds me, my family, estate, my heirs, executors, administrators, assigns and/or personal representative. I understand that my behavior is subject to applicable NTU policies while attending this institution.

Additionally, I understand that there may be inherent dangers and risks, as well as unavoidable and unforeseeable dangers to which I may be exposed by attending NTU, including those listed in the attached activity addendum, as may be applicable. I hereby expressly and specifically assume the risk of injury or harm while attending NTU, and release NTU from all liability for personal injury, illness, death, or property damage that may result from attending NTU. 4
I expressly agree that this Release is intended to be as broad and inclusive as permitted under the laws of the Navajo Nation and the States of New Mexico and Arizona as may be applicable; and that this Release shall be governed by and interpreted in accordance with the laws of the Navajo Nation. I also agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

Acknowledgment and Signature:

By signing below, I acknowledge that I have read and understood this waiver, release of liability, and assumption of risk. I knowingly and voluntarily agree to its terms and conditions.

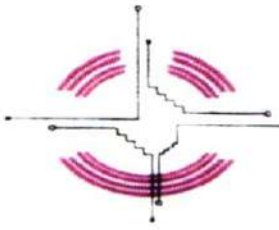
Signature: _____ Date: _____

Printed Name: _____

If under the age of 18:
I am the parent or legal guardian of _____ and I approve this Release and Waiver of Liability on behalf of the minor child.

_____ Date: _____
Signature of Parent/Legal Guardian

_____
Printed Name of Parent/Legal Guardian



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S I H A S I N

ACTIVITY ADDENDUM

1. Name of NTU Department and/or NTU Program:

_____

2. Name of Activity:

_____

3. Date(s) of Activity:

_____

4. Location of Activity:

_____

a. Activity is located G on the Navajo Reservation G off the Navajo Reservation

5. Description of Activity:

_____

_____

_____

_____.

6. Description of Associated Risks that may be Involved:

_____

_____

_____

_____.

7. Printed Name of participating individual:

_____

8. Signature acknowledging the assumption of risk:

_____

(DATE)

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NTU Image Release Form

I hereby grant Navajo Technical University ("NTU") and its representatives, including but not limited to its employees, agents, and contractors, the right and permission to use, reproduce, and distribute photographs, images, video recordings, or any other media format (collectively referred to as "Media") in which I may be included.

I understand and agree to the following:

Consent: I voluntarily consent to the use of my likeness and any accompanying personal information, including my name, for the purposes of promoting NTU, its programs, events, or any other related activities.

Release and Immunity: I release NTU from any claims, demands, actions, or causes of action arising out of or in connection with the use, distribution, or reproduction of the Media, including any claims for invasion of privacy, defamation, or infringement of rights. I understand that NTU is immune from liability as provided by law.

Ownership: I acknowledge that NTU is the sole owner of the Media, and I waive any right to inspect or approve the final product wherein my likeness appears.

No Compensation: I understand that I will not receive any financial compensation for the use of the Media by NTU, either now or in the future.

Right to Discontinue: I understand that NTU reserves the right to discontinue the use of the Media at any time without prior notice.

Confidentiality: I understand that NTU will make reasonable efforts to protect the confidentiality of any personal information associated with the Media, However it cannot guarantee absolute confidentiality.

Minors: If the individual granting this release is a minor, I certify that I am the parent or legal guardian of the minor and have the legal authority to execute this release on their behalf.

Minors: If the individual granting this release is a minor, I certify that I am the parent or legal guardian of the minor and have the legal authority to execute this release on their behalf.

I have read and understood the terms of this Image Release Form, and I voluntarily agree to its contents.

Full Name: _____

Signature: _____

Date: _____

[If the individual granting this release is a minor, please include the following:]

Parent/Legal Guardian's Full Name: _____

Relationship to Minor: _____

Signature: _____

Date: _____