

5. If I suspect a teammate has a concussion, I am responsible for immediately reporting his or her injury to the USI RFW Club Sport personnel.
6. I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion-like symptoms until I am cleared by my primary care provider.
7. Following a concussion, the brain needs time to heal. I am more likely to have a repeat concussion if I return to play before my symptoms resolve. In rare cases, repeat concussions can cause permanent brain injury or death. Because of this, I understand it is important to accurately report all continuing signs and/or symptoms if I have been diagnosed with a concussion.

ASSUMPTION OF RISK: I understand that there are potential dangers incidental to my participation

Program. I further acknowledge that I am responsible for the cost of any and all medical and health services I may incur not directly related to my participation in the Program.

CONFIRMATION OF RESPONSIBILITY: I understand that my or my parent's health insurance will serve as primary insurance for all injuries and illnesses. The USI excess policy will only apply for athletically-related injuries which occur during an organized and supervised USI Club Sports activity. Any injury sustained before I began as an enrolled student at USI is considered a pre-existing condition and I will be sole

Signature of Parent/Guardian for Participants Who Are Minors: