

**Athletic Training  
Department Of Athletics  
Weber State University**

I, \_\_\_\_\_, acknowledge that I have to be an active participant in my own healthcare. As such, I have the direct responsibility for reporting all of my injuries and illnesses to the sports medicine staff of my institution (e.g., team physician, athletic training staff). I recognize that my true physical condition is dependent upon an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries and/or disabilities experienced. I hereby affirm that I have fully disclosed in writing any prior medical conditions and will also promptly disclose any future conditions to the sports medicine staff at my institution.

I further understand that there is a possibility that participation in my sport may result in a head injury and/or concussion. I have been provided with education on head injuries and understand the importance of immediately reporting symptoms of a head injury/concussion to my sports medicine staff.

By signing below, I acknowledge that my institution has provided me with specific educational materials on what a concussion is and given me an opportunity to ask questions about areas and issues that are not clear to me on this issue.

I, \_\_\_\_\_ have read the above and agree that the statements are accurate.  
*Student-athlete's name*

\_\_\_\_\_  
*Signature of student-athlete*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Sport*

\_\_\_\_\_  
*Name of person obtaining consent*

\_\_\_\_\_  
*Signature of person consenting*