

Oswego State Intercollegiate Athletics

(Option 2 – not recommended)

Student-Athlete Sickle Cell Trait Status Waiver

I, (print full first and last name) _____,
 SUNY Oswego Student ID # _____ am a student-athlete at
 Oswego State in the sport/s of _____.

I am aware that participation in intercollegiate athletics at Oswego State involves the risk of personal injury. I am also aware that if I have sickle cell trait, I am at an increased risk for serious illness or injury, including death, especially during physical exertion. I acknowledge that the NCAA and Oswego State Department of Intercollegiate Athletics mandate that all student-athletes be tested for sickle cell trait or show the results of a prior test in order to confirm the student-athlete's sickle cell trait status, before participation in intercollegiate athletics. Additionally, I have received educational material regarding sickle cell trait and have read and fully understand the aforementioned facts about sickle cell trait and sickle cell trait status testing (NCAA approved information can be found at http://fs.ncaa.org/Docs/health_safety/SickleCellTraitforSA.pdf). I have had a full opportunity to ask questions concerning sickle cell trait (and testing for sickle cell trait) and to discuss the risks associated with participation in intercollegiate athletics at Oswego State. Any questions or concerns I had were addressed to my satisfaction. I understand the risks involved if I choose not to be tested for sickle cell trait and the implications of declining confirmation of my sickle cell trait status, and I knowingly assume such risks. Recognizing that my true physical condition is dependent upon an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries, ailments, and/or disabilities experienced, I hereby affirm that I have fully disclosed in writing any prior medical history including knowledge of sickle cell trait status to Oswego State Sports Medicine personnel.

Notwithstanding the above, if I refuse sickle cell trait status testing and if Oswego State believes, in its reasonable judgment, that I may be developing symptoms that could be related to sickle cell trait, Oswego State may require testing in order to ensure my safety and may withhold me from practice and/or competition until I agree to sickle cell trait testing, such testing has been conducted, and the results have been evaluated by Oswego State or its designee. I do not wish to undergo sickle cell trait testing as part of my pre-participation physical examination and I agree that in Oswego State without agreeing to be tested for sickle cell trait, and in full recognition and appreciation of the risks associated therewith, I, for myself, my executors, administrators and assigns, do hereby release and forever discharge, indemnify and hold harmless the State of New York, State University of New York, Oswego State, its officers, employees and agents from any and all costs, injuries, liabilities, expenses, claims, demands, or causes of action on account of any loss or personal injury that might arise out of or that may in any way be related to such athletic participation, whether caused by my negligence or carelessness or the negligence of Oswego State or otherwise.

I represent and certify that I am at least 18 years old and that I have read, understood and agree to be legally bound by the foregoing agreement, waiver, and release (if I am under age 18, a parent or legal guardian must sign this form).

Student- Athlete Signature **Date**

Parent/Guardian Signature (if under 18 years of age) **Date**

RETURN THIS INFORMATION TO:

**MARY WALKER HEALTH CENTER
 SUNY OSWEGO, NY 13126**

**PHONE # 315-312-4100
 FAX # 315-312-5409**