



**Agreement of Participation**

This document is to serve as an informed agreement and acknowledgement of the requirements and risks associated with participation of intercollegiate sports between Seminole Community College (herein referred to as "SCC"), the undersigned student-athlete, and the primary insurance policy holder (if different from the student-athlete).

I/we hereby attest to have read and understand the specified requirements, statements, and acknowledgements set forth in SCC Athletics' document, AT-#-E2, "Acknowledgement and Agreement to Participate". I/we further agree to abide by all regulations set forth by SCC Athletics and the NJCAA. I/we further understand that failure to abide by these regulations and/or statements can result in unfavorable outcomes such as, but not limited to: bodily injury, suspension from athletic participation, and/or financial obligations associated with received medical care and/or dismissal from SCC Athletics.

Furthermore, having read and understand the statements (**AT.E2.3** and **AT.E2.4**) and acknowledgements (**AT.E2.5**) regarding primary health insurance coverage, I/we hereby acknowledge one of the following (**please check one**):

I/we currently have sufficient PRIMARY health insurance coverage.

I/we currently do not have sufficient PRIMARY health insurance coverage and agree to obtain sufficient coverage prior to the assigned reporting date.

Student-Athlete: \_\_\_\_\_ Date: \_\_\_\_\_  
*Signature*

***Guardian signature and notary witness required if student-athlete is receiving health-benefits under the provisions of a health-benefits plan of the guardian or the student-athlete is not of legal age at the time of submitting paperwork.***

Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_  
The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Print, Type or Stamp Commissioned Name of Notary Public

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_



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Acknowledgement and Agreement to Participate

**Statement of Present Physical Condition AT.E2.1:**

Initial in space above after reading this section

I have previously represented to Seminole Community College (SCC) that I am physically and mentally capable of safe participation in SCC's Intercollegiate Athletics Program and related activities. 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, my prior medical history; that my health history questionnaire form was fully and accurately completed; that all my present complaints, ailments, disabilities, and/or prior injuries have been disclosed in writing to and discussed with a SCC team and/or consulting physician and/or his/her designee; and that I am not suffering from any complaints, prior injuries, ailments, disabilities, conditions, or problems not so disclosed and discussed.

**Statement of Participation AT.E2.2:**

Initial in space above after reading this section

I have been advised that playing, practicing, training, and/or other involvement in any sport involves activities such as, but not limited to strenuous physical exercise, running, twisting, stretching, jumping, weight training, and physical contact with other players. I have been advised to consult with a physician concerning my fitness to participate in such activities. I hereby state that I am physically and mentally capable of safe participation in SCC's Intercollegiate Athletics Program and related activities.

I am aware that playing, practicing, training, and/or other involvement in any sport can be a dangerous activity involving many risks of injury including, but not limited to the potential for catastrophic injury. I have been advised that participation in SCC Intercollegiate Athletics Program and related activities may include, but are not limited to: strenuous physical activity, running, twisting, stretching, weight training, and physical contact with other players. I understand that the dangers and risks of these activities and in any athletic activity include, but are not limited to: communicable illness of varying degree and severity, serious neck and spinal injuries which may result in complete or partial paralysis or brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular-skeletal system, and serious injury or impairment to other aspects of my body, general health, well-being, or even death.

Because of the aforementioned dangers of participating in any athletic activity, I recognize the importance of following all instructions of the coaching staff, strength and conditioning staff, and/or Sports Medicine Department. Furthermore, I understand that the possibility of illness and/or injury, including catastrophic injury, does exist even though proper rules and techniques are followed to the fullest. I also understand that there are associated risks involved with traveling in connection with intercollegiate athletics.

In consideration of SCC permitting me to participate in intercollegiate athletics and to engage in all activities and travel related to my sport, I hereby voluntarily assume all risks associated with participation and agree to exonerate, save harmless, and release SCC, its agents, servants, trustees, and employees from any and all liability, personal injury, property damage, medical expenses, all claims, causes of action or demands of any kind and nature whatsoever, which may arise by or in connection with my participation in any activities related to intercollegiate athletics.

The terms hereof shall serve as release and assumption of risk for my heirs, estate, executor, administrator, assignees, and all members of my family.



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Acknowledgement and Agreement to Participate

**Statement of Primary Medical Insurance AT.E2.3:**

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College regulations require all students be covered under a primary insurance policy during participation in intercollegiate sports. If the student has his/her own health insurance coverage or is covered under a policy of a parent or legal guardian, it is recommended that the student carry an insurance identification card at all times. A front and back photocopy of this card is required and will be retained in the student's medical file in the Athletic Training Office.

If the student is not currently covered under a primary health insurance policy (exclusive of state or federal Medicare/Medicaid programs) or if supplemental coverage is needed, please call the SCC Business Office (407-708-2140) for current costs and information regarding possible accidental insurance policy purchase.

*IMPORTANT: Any changes in primary medical insurance coverage after submitting paperwork must be immediately brought to the attention of the SCC Athletic Training Department. Failure to update insurance information will most likely result in excessive financial obligations by the athlete and/or his/her legal guardian associated with medical care.*

**Statement concerning Medicare / Medicaid AT.E2.4:**

Initial in space above after reading this section

For those students who are covered by state or federal Medicare or Medicaid programs, it is strongly suggested that a Primary Care Physician from your program be selected closest to the Sanford, FL (32773) area. It is the responsibility of the student-athlete and/or guardian to locate and register with a local Primary Care Physician as listed in their explanation of benefits.

If a Primary Care Physician local to Seminole Community College is not obtainable through your assigned health care benefit provisions, **ALL** medical conditions are required to be referred back to the student-athlete's home area physician at the student-athlete's expense or to the local emergency room.

Any financial obligations billed to the student-athlete and/or their legal guardian are the responsibility of the student-athlete and/or their legal guardian. In the event the injury sustained was documented as being sustained while participating in intercollegiate athletics at Seminole Community College, the student-athlete and/or their legal guardian may submit for reimbursement to Seminole Community College Athletics' excess insurance company.

**Acknowledgement of Health Insurance Requirements AT.E2.5:**

Initial in space above after reading this section

I understand that as a student athlete at SCC, I am required to be covered by some type of health insurance prior to participation in SCC's Intercollegiate Athletics Program. This insurance shall be considered as my PRIMARY insurance coverage for all athletic related injuries.

I further acknowledge SCC carries an insurance policy covering all student athletes only for accidental injury(s) directly associated with intercollegiate athletics. **However, this policy is STRICTLY SECONDARY to or in excess of the student athlete's primary individual health insurance.** Furthermore, I understand that this secondary policy does not cover student-athlete insurance deductibles, co-pays, and co-insurance costs. Furthermore, I/we understand that this secondary policy does not cover preexisting condition(s), ailment, sickness, infections, and pharmaceutical prescriptions.



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Acknowledgement and Agreement to Participate

**Acknowledgement of Financial Obligations AT.E2.6:**

Initial in space above after reading this section

I/we hereby acknowledge that although sufficient primary and/or supplemental accidental injury insurance may have been secured, I/we understand that I/we are responsible for any/all costs of medical treatment that may arise from/during participation in SCC Intercollegiate Athletics Program not covered by primary, supplemental, or secondary insurance policies.

I/we agree to immediately notify SCC upon any change in health insurance information and/or status of coverage. Failure to provide updated information may result in overpayments and/or denial of payment by/from SCC's excess insurance company(s). I/we further understand and accept that any/all such balance of overpayments and/or denials are my/our responsibility and will be under obligation of reimbursement and/or payment in full, upon request, all amounts outstanding to: SCC, SCC's affiliated health care providers, and/or SCC's excess insurance company(s).

I/we understand that any information discovered to be incomplete, false, invalid and/or otherwise out-of-date may result in the student-athlete's immediate removal and suspension from participation in all athletic related activities including but not limited to team: functions, meetings, practices, conditioning, strength training, competitions, and travel until such information has been updated and verified as valid with/by SCC.

**Department Drug Testing Acknowledgement and Hold Harmless Agreement AT.E2.7:**

Initial in space above after reading this section

I understand and agree that I am subject to drug testing by the Seminole Community College Athletic Department at any time and place decided by the personnel of the above mentioned athletic department.

I hereby agree to indemnify and hold harmless Seminole Community College, its officers, trustees, employees, and agents from and against all claims, liabilities, judgments, damages, cause of action of any kind whatsoever, and expenses and costs (including reasonable attorney's fees) arising out of or related to the implementation of this drug testing policy.

A copy of Seminole Community College athletics department's drug testing policy and procedure can be found on our website at <http://www.scc-fl.edu/athletics/athletictraining/> or by request in writing to:

Attn: Athletics Office Supervisor  
Seminole Community College  
Department of Athletics 56  
100 Weldon Boulevard  
Sanford, FL 32773 – 6199