

## SICKLE CELL TRAIT TESTING WAIVER

I, \_\_\_\_\_ understand and acknowledge that the NCAA and the Bluffton University Department of Athletics recommend that all student-athletes have knowledge of their sickle cell trait status. Additionally, I have read and fully understand the facts about sickle cell trait and sickle cell trait testing, and have viewed the NCAA video on sickle cell trait.

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 and/or knowledge of sickle cell trait status to Bluffton University Sports Medicine Staff.

I do not wish to undergo sickle cell trait testing as part of my pre-participation physical examination and I voluntarily agree to release, discharge, indemnify and hold harmless Bluffton University, its officers, employees and agents from any and all costs, liabilities, expenses, claims, demands, or causes of action on account of any loss or personal injury that might result from my non-compliance with the recommendation of the NCAA and the Bluffton University Department of Athletics.

I have read and signed this document with full knowledge of its significance. I further state that I am at least 18 years of age and competent to sign this waiver.

Student-Athlete Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Student Athlete \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

(if under 18 years of age)