

**University of Manitoba
Athletic Therapy Centre**

MEDICAL RELEASE FORM

I, _____, as a prospective member of the University of Manitoba Bison _____
Athlete's full name **Sport**

Team, authorize the professional staff of the Athletic Therapy Centre and the University Health Services to release to my team, coaches, and/or administration of the athletic department, information pertaining to my health and physical condition, including injuries and their treatment progress, as it relates to my participation as member of the team. All information obtained will remain confidential and only be utilized in the manner and with the personnel described above.

Athlete's Signature

Date

Parental Consent is needed if the athlete is under 18 years of age.

Parental Signature