

**John Wood Community College**  
**~Athletic Accident Agreement ~**

I understand that I may not participate in men's or women's intercollegiate athletics unless covered under a program of accident insurance or accept full responsibility for any and all injuries which I might incur while not covered by any insurance.

I also understand that John Wood Community College does not provide insurance coverage for any injuries incurred during practice, travel, or competition. I also understand that participation on John Wood Community College athletic teams is voluntary and that I assume full responsibility for any and all injuries which may occur during practice and competition.

Therefore, I the undersigned, accept and assume full responsibility for the cost of medical treatment for any injury which I might suffer as a result of participation in the John Wood Community College athletic program.

\_\_\_\_\_  
Student-Athlete  
(18 years or older)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date