

Wisconsin Adaptive Sports Association Concussion Waiver

I acknowledge that I have to be an active participant in my own healthcare. As such, I have the direct responsibility for reporting all of my injuries and illnesses to the WASA staff or site where I compete (e.g., coach, physician, certified athletic trainer). I recognize that my true physical condition is dependent upon an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries and/or disabilities experienced. I hereby affirm that I have fully disclosed in writing any prior medical conditions and will also disclose any future conditions to the staff at Wisconsin Adaptive Sports Association.

I further understand that there is a possibility that participation in my sport may result in a head injury and/or concussion. I have read the WASA Concussion Protocol and understand the importance of immediately reporting symptoms of a head injury/concussion to the sports medicine staff.

After reading the WASA Concussion Protocol, I am aware of the following information:

- A concussion is a brain injury, which I am responsible for reporting to my team members, coaches, team physician, or athletic trainer.
- A concussion can affect my ability to perform everyday activities, and affect reaction time, balance, sleep, and classroom/work performance.
- You cannot see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury.
- If I suspect a teammate has a concussion, I am responsible for reporting the injury to team members, coaches, physician or athletic trainer.
- I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion-related symptoms.
- Following a concussion, the brain needs time to heal. You are much more likely to have a repeat concussion if you return to play before your symptoms resolve.
- In rare cases, repeat concussions can cause permanent brain damage and even death.

By signing below, I acknowledge that my organization has provided me with specific educational materials on what a concussion is and given me an opportunity to ask questions about areas and issues that are not clear to me relating to concussions.

Signature of Athlete Date

Printed name of Athlete