



**Intercollegiate Athletics**  
**Acknowledgement of Risk for the Use of Over-the-Counter Medications**

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**Athletic Training Office (928) 776-2234**

Yavapai  
These conditions, and cause harm, or mask other more serious conditions.

As a student-athlete for Yavapai College on the \_\_\_\_\_ team, I \_\_\_\_\_ acknowledge that the use of over-the-counter medications may interact with other agents, and/or make medical conditions worse or mask more serious conditions. I \_\_\_\_\_ also acknowledge that Yavapai College Athletics neither endorses nor prevents the use of over-the-counter medications by its student-athletes.

I \_\_\_\_\_ have read the above statement and voluntarily accept and assume the personal risks involved in taking any over-the-counter medications.



**Intercollegiate Athletics**  
**Athletic Medical Release Form**

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I realize that my athletic medical records at Yavapai College are kept confidential until I release part or all of them as I deem necessary. My signature below signifies that I DO want my athletic medical records released to the following groups i at Yavapai College and for 5 years after I leave Yavapai College.

- Parent/Guardian \_\_\_\_\_
- News media \_\_\_\_\_
- College team \_\_\_\_\_
- Professional team \_\_\_\_\_
- Other \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_