

NOTE: NCAA D III rules do permit student-athletes to practice with their team while waiting for results of the test.

Prior to arriving on campus please complete, sign and return the waiver below by emailing a scanned copy to Justin.leduc@trincoll.edu or mail to:

Justin LeDuc, Head Athletic Trainer

300 Summit Street

Hartford, CT. 06101

Ferris Athletic Center

I Samuel Johnson hereby acknowledge that I have received and understand the information that Trinity College has provided to me regarding testing for the sickle cell trait as well as the recommendation that testing be performed. I understand that I am required to be tested or provide proof of prior testing for the sickle cell trait, or, if I decline to be tested, to sign a written waiver and release.

Based on the information above please check one of the following:

☐ I have been tested for the Sickle Cell Trait and a copy of my test results will be provided.

☐ I agree to Testing and have scheduled an appointment on _____ to have the SST administered.

☒ I decline to be tested and have chosen to decline testing with the knowledge that I may have undiagnosed sickle cell trait or disease, and this may lead to an increased risk of injury or death related to athletic activities. I hereby release the Trinity College, including its Athletics Department, Team Physicians, Athletic Training staff and associated medical professionals from any liability related to my sickle cell status. This waiver and release is intended to be legally binding.

Printed Name of Student: Samuel Johnson Date of Birth 08/30/1992
Signature of Student: [Signature] Date: 08/16/2013

Signature of Parent (required if student is under 18)

_____ Date: _____