

Sickle Cell Trait Testing Waiver

I, _____ understand and acknowledge that the Daytona State College Athletic Department *strongly recommends* that all student-athletes have knowledge of their sickle cell trait status. Additionally, I have read and fully understand the aforementioned facts about sickle cell trait testing.

Recognizing that my true physical condition is dependent upon an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries, ailments and/or disabilities experienced, I hereby affirm that I have fully disclosed in writing any prior medical history and/or knowledge of sickle cell trait status to Daytona State College personnel.

I do not wish to undergo sickle cell trait testing at this time and I voluntarily agree to release, discharge, indemnify and hold harmless the State of Florida, Daytona State College, its officers, employees and agents from any and all costs, liabilities, expenses, claims, demands, or causes of action on account of any loss or personal injury that might result from my non-compliance with the recommendation of the DSC Athletic Department.

I have read and signed this document with full knowledge of its significance. I further state that I am at least 18 years of age and competent to sign this waiver.

_____ Student- Athlete Signature	_____ Date
_____ Parent/Guardian Signature (<i>if under 18 years of age</i>)	_____ Date
_____ Parent/Guardian Print Name	_____ Date
_____ Witness	_____ Date