MEDICAL RELEASE TO THE MEDIA

I, ________________________, give permission to members of the ICA athletic training and medical executive committee, or head coach of my sport to release to the media through the ICA media relations office general medical information regarding any illness or injury that I might sustain as a result of practice or competition.

This release does not extend to medical information regarding psychiatric or psychologic diagnoses or treatment, sexually transmitted disease, pregnancy, HIV testing or status, drug testing or results, eating disorders, or other personal matters without additional written permission. I may revoke this release at any time in writing.

SAMPLE

Signature ____________________________ Date __________________________

Witness ____________________________ Date __________________________