



STUDENT-ATHLETE AUTHORIZATION FOR RELEASE OF INFORMATION TO MEDIA

I, _____, HEREBY AUTHORIZE AND REQUEST that
Student- Athlete Print Name

Mercer County Community College and Sports Medicine Departments, and their duly authorized officers, employees and agents (including coaches, athletic trainers, physicians, and physical therapists) to furnish TO SPORTS INFORMATION AND/OR JOURNALISTS AND/OR OTHER MEDIA OUTLETS any and all information concerning or having a bearing on my participation in athletics at Mercer County Community College. This authorization shall include, but is not limited to, any and all information within their knowledge, or contained in any records under their supervision or control concerning my physical condition, illnesses, injuries, and any treatment, hospitalization, surgery, examinations, diagnostic testing, and otherwise, and to make such reports concerning myself to such persons or organizations as they may request.

This authorization DOES NOT apply to the release of any records pertaining to psychiatric, psychological or psychotherapeutic services.

I understand that a record will be kept of all individuals requesting information under this Authorization and the date of the request. This information is normally confidential and except as provided in this Authorization will not be otherwise released by the parties in charge of the information.

This Authorization remains valid for [check one]:

_____ **One (1) year** following the date I sign below; or
_____ To this date _____.

I understand that I may revoke this authorization by providing a written revocation of authorization to the Program Coordinator that specifically mentions release of information to MEDIA, including journalists, reporters, sports information, or any other media outlet representatives. I understand that a revocation is not effective to the extent that Mercer County Community College has relied on this authorization to use or disclose any information about me.

I hereby fully release and discharge Mercer County Community College and all its successors, assigns, trustees, officers, agents, and employees from any and all claims, demands, and causes of action whatsoever in connection with or in any way related to or arising out of the disclosure of information under the terms of this Authorization.

Student-Athlete Signature

Date

Parent or Guardian Signature (if under 18 years of age)

Date