



THE OHIO STATE UNIVERSITY ATHLETIC DEPARTMENT

Sickle-Cell Trait Testing Agreement, Waiver and Release of Claims

The following information has been provided from the "NCAA Fact Sheet for Student-Athletes regarding Sickle Cell". For more information and resources, visit www.NCAA.org/health-safety.

Sickle cell trait is the inheritance of one gene for sickle hemoglobin and one for normal hemoglobin. Sickle cell trait is a life-long condition that will not change over time and will not turn into the disease. During intense exercise, red blood cells containing the sickle hemoglobin can change shape from round to quarter-moon or "sickle". Sickled red cells may accumulate in the bloodstream during intense exercise, blocking normal blood flow to the tissues and muscles. During intense exercise, athletes with sickle cell trait have experienced significant physical distress, collapsed and even died. Heat, dehydration, altitude and asthma can increase the risk for and worsen complications associated with sickle cell trait, even when exercise is not intense. Athletes with sickle cell trait should not be excluded from participation as precautions can be put into place. Sickle cell trait occurs in about 8% of the U.S. African-American population, and between one in 2,000 to one in 10,000 in the Caucasian population. Though sickle cell trait can occur in any ethnic group, studies show that it has a low incidence rate in persons with northern European ancestry and a slightly higher incidence rate in persons with Middle-Eastern and East Asian Indian ancestry. Most U.S. states test at birth, but most athletes with sickle cell trait do not know they have it.

I am aware that participation in intercollegiate athletics at Ohio State involves the risk of personal injury. I am also aware that if I have sickle-cell trait, I am at an increased risk for serious illness or injury, including death - especially during physical exertion. I understand that, in order to participate in intercollegiate athletics, the NCAA and Ohio State require that EVERY student-athlete be tested for sickle-cell trait, show the results of a prior test OR refuse sickle-cell trait testing. Notwithstanding the above, if I refuse sickle-cell trait testing and if Ohio State believes, in its reasonable judgment, that I may be developing symptoms that could be related to sickle-cell trait, Ohio State may require testing in order to ensure my safety and may withhold me from practice and/or competition until I agree to sickle-cell trait testing. I have had a full opportunity to ask questions concerning sickle-cell trait (and testing for sickle-cell trait) and to discuss the risks associated with participation in intercollegiate athletics at Ohio State if I have sickle-cell trait. Any questions or concerns I had, if any, have been addressed to my satisfaction. I understand the risks involved if I choose NOT to be tested for sickle-cell trait, and I knowingly assume such risks.

If I chose NOT to be tested for sickle-cell trait, I agree that in consideration for being granted the opportunity to participate in intercollegiate athletics at Ohio State without agreeing to be tested for sickle-cell trait, and in full recognition and appreciation of the risks associated therewith, I, for myself, my executors, administrators and assigns, do hereby release and forever discharge The Ohio State University and its Board of Trustees, its administrators, faculty members, employees, agents and students from any and all liability for losses, damages, injuries or costs, including but not limited to those described above, that may arise out of or that may in any way be related to such athletic participation, whether caused by my negligence or carelessness or the negligence of The Ohio State University or otherwise.

I understand that this release means that, among other things, I am giving up my right to sue The Ohio State University for any such losses, damages, injury or costs that I may incur.

Please check ONE of the boxes below:

- DO NOT TEST NOW:** I voluntarily choose to not be tested at this time but reserve the right to be tested at a later date
- TEST NOW:** I UNDERSTAND A BLOOD DRAW WILL BE PERFORMED and this is voluntary. I would like to be tested and understand that I will not be cleared to participate until results have been received by Ohio State
- PREVIOUS TESTING:** PLEASE PROVIDE DOCUMENTATION IF YOU HAVE PREVIOUSLY BEEN TESTED.
If I cannot provide documentation of previous testing, I understand that I must choose "DO NOT TEST NOW" or "TEST NOW".

I represent and certify that I am at least 18 years old and that I have read, understand and agree to be legally bound by the foregoing agreement, waiver and release (if I am under age 18, a parent or legal guardian must sign this form).

Student-Athlete Print Name

Student-Athlete Signature

Date (month/day/year)

Sport

Parent/Guardian Print Name (if student-athlete under 18 years of age)

Parent/Guardian Sign Name (if student-athlete under 18 years of age)