



Mount Mystics 2020-2021

Mount Student Athlete Academic, Photo & Medical Release

Academic Information Release

I understand that access to my academic transcripts will be given to the Mount Saint Vincent University, Athletics & Recreation Director to verify my academic progress. All such information will be maintained confidential. I understand that my professors will be contacted by the Athletics & Recreation Office if they believe that academic success is in jeopardy.

Athlete Name (print): _____ Student ID: _____

Athlete Signature: _____ Date: _____

Photo Release

I hereby authorize the taking and use of photographs and/or videotape for promotional purposes by Mount Saint Vincent University. This consent is expressly intended to release from liability Mount Saint Vincent University, its employees and the Photographer/Videographer taking said photographs/video.

Athlete Name (print): _____ Student ID: _____

Athlete Signature: _____ Date: _____

Release of Medical Information

I understand that any medical information relevant to my participation in athletic activities may be discussed with other physicians, therapists, trainers, and coaches.

Athlete Name (print): _____ Student ID: _____

Athlete Signature: _____ Date: _____