

SICKLE CELL TRAIT TESTING WAIVER FORM

I, _____ verify that I have been informed of the NCAA testing requirement for sickle cell trait. I understand and accept the possibility that I may have the sickle cell trait, but **DECLINE** to be tested. **To the fullest extent allowed by law, I hereby release Pittsburg State University and employees of Pittsburg State University from any and all liability resulting from any consequences of an undiagnosed sickle cell trait.**

I have been informed of the following: Sickle cell trait is not a disease, but a life-long condition that will not change over time. During intense exercise, sickle cell trait can block the normal blood flow to muscles. This can cause very sudden dizziness, loss of consciousness, physical distress, and death.

I understand that knowledge about sickle cell trait enables a student-athlete and their coach to manage the implications of having it, which is why the NCAA requirement is for my benefit.

I understand that were I to consent to be tested, the results would not affect my status as a student-athlete or position on the team.

Student Name (Print) _____

Student Signature _____

Date _____

Sport(s) _____

*** (If Athlete is under the age of 18)**

Parent Signature _____