



**The University of Winnipeg
Wesmen Athletics**

**Athletic Therapy Centre
Authorization for Release of Medical Information**

I _____, (athlete's name) a member of the _____ (Sport/Team name), authorize The University of Winnipeg Athletic Therapy staff and other medical personnel assigned to this team to release to the team's coaches, and/or managers, information with regards to my health and physical condition including injuries and their treatment only as it relates to my participation as a member of the above named team.

Signature: _____ Date: _____

(Athlete/Parent or Legal Guardian*)

*** A parent or legal guardian must sign if the athlete is under the age of 18.**
