

**REQUEST FOR ACCOMMODATION  
AND  
CONSENT, RELEASE & WAIVER FORM  
FOR REVIEW OF PERSONAL MEDICAL RECORDS**



To: THE INDIANA HIGH SCHOOL ATHLETIC ASSOCIATION, INC. RISK AND  
COMPETITION COMMITTEE  
C/o IHSAA Commissioner.  
9150 N. Meridian St., Indianapolis, IN 46260  
P.O. Box 40650, Indianapolis, IN 46240-0650

From: Individual's Name: \_\_\_\_\_  
Parent's Name(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
School: \_\_\_\_\_

1. The Individual seeks to compete, coach or officiate (participate) in the sport(s)  
of: \_\_\_\_\_ [name of sport(s)]  
during the \_\_\_\_\_ school year(s).

2. However, in order for the Individual to participate, the Individual will need an  
accommodation due to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ [describe disability/medical condition].

3. Supporting information and medical documents which support this request are  
attached to this Application. The accommodation sought is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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[describe in detail the accommodations sought].

4. The following describes:

(i) Why the accommodation does not fundamentally alter an essential aspect of the sport(s) in which the Individual seeks to participate: \_\_\_\_\_

\_\_\_\_\_

(ii) Why the accommodation will not provide the Individual or his/her a team with an unfair advantage: \_\_\_\_\_

\_\_\_\_\_

(iii) Why the accommodation will not pose a direct threat to the health or safety of others:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. We/I understand:

- a. that in order for the Indiana High School Athletic Association, Inc. (IHSAA) to evaluate this request and conduct an individualized inquiry regarding the Individual's asserted disability, and the accommodation requested, it will be necessary for representatives of the IHSAA Risk and Competition Committee to review personal and medical information of the Individual, which has been provided with the Request, and which may be provided by the Individual's

medical provider(s). We/I hereby consent to the IHSAA Risk and Competition Committee receiving and reviewing the Individual's personal and medical information, confidentially, for an assessment of the Individual's asserted disability and to evaluate the accommodation sought. We/I also waive any privacy rights that we and the Individual have, and agree to permit the Individual's personal treating physician, or other medical professional identified by us/me, to communicate directly with representative of the IHSAA Risk and Competition Committee, if there is a need for follow-up information. We/I understand that the IHSAA Risk and Competition Committee will handle the Individual's personal and medical information in a confidential manner, and we/I have submitted or will submit such information to the IHSAA Risk and Competition Committee.

- b. that the IHSAA Risk and Competition Committee will use the Individual's personal and medical information for the purpose of determining the Individual's eligibility for an accommodation, pursuant to the Americans with Disabilities Act.
- c. that I/we knowingly agree to release, waive, discharge and hold harmless the IHSAA, the IHSAA Risk and Competition Committee and the employees, agents and volunteers who review the Individual's personal and medical information, from and against any and all liability, losses, claims, demands, costs (including medical or legal), or damages resulting from, or arising in connection with, their handling of the Individual's personal medical

information, or their communications with the Individual's personal treating physician or other medical professional.

- d. that the signature(s) below constitutes verification to the truth and accuracy of the above statements and information, and consent to and agreement with the above-described terms and conditions.

Date: \_\_\_\_\_ Parent: \_\_\_\_\_  
(printed) \_\_\_\_\_

Date: \_\_\_\_\_ Parent: \_\_\_\_\_  
(printed) \_\_\_\_\_

Date: \_\_\_\_\_ Individual: \_\_\_\_\_  
(printed) \_\_\_\_\_

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