

**Tennessee Tech University Sports Medicine**  
**Seeking Care Outside of Tech Network Waiver**

I, \_\_\_\_\_, understand that by choosing to obtain healthcare outside the Tennessee Tech University network of physicians that I am responsible for all charges incurred, with the exception of Physical Therapy. I also understand that I am responsible for furnishing all documentation pertaining to this care, including office notes, diagnostic tests/labs and reports, surgical notes, and official clearance to return to full sport participation.

\_\_\_\_\_  
Athlete's Name

\_\_\_\_\_  
Sport

\_\_\_\_\_  
Athlete's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date