

CARLE SPORTS MEDICINE ACCELERATION INFORMED CONSENT

PLEASE READ the accompanying information regarding the fitness evaluation, equipment usage and equipment testing utilized in the Frappier Acceleration program. If you have any questions, please ask a Carle Sports Medicine Acceleration staff member.

1. My participation is voluntary and I may withdraw from the evaluation, trial program or training program at any time. The benefits associated with my participation include, information regarding my personal state of fitness and the increase of my knowledge regarding physiology and biomechanics.
2. The testing will be performed under the direction of the Carle Sports Medicine Acceleration staff.
3. I understand that this evaluation should not result in physical injury to me; however, I acknowledge the following:

In the event of physical injury of any type of severity resulting from my participation in the program, including but not limited to, the evaluation procedures, equipment usage, or equipment testing, no medical treatment or monetary compensation will be provided to me by Carle Sports Medicine Acceleration. I will personally be responsible for any and all costs for medical treatment.

4. I acknowledge that the Carle Sports Medicine Acceleration staff is relying on all information provided by me regarding my medical history and condition before allowing me to participate in any evaluation, trial program or training program. I certify the information provided to be true and correct.

Signature of Participant

Date

Address

Phone

I acknowledge that the participant is under the age of 18. I have reviewed the information provided and certify it to be true and correct.

I HEREBY GIVE MY CONSENT to _____ participating in the evaluation and training of the Frappier Acceleration program.

Signature of Parent or Guardian

Date