

CARLE SPORTS MEDICINE PERFORMANCE ENHANCEMENT PARTICIPATION WAIVER

PLEASE READ the following information regarding your Performance Enhancement training program. If you have any questions, please ask a Carle Sports Medicine staff member.

1. My participation is voluntary and I may withdraw from the program at any time according to program policies. By participating in Carle Sports Medicine Performance Enhancement Programs, I will have the opportunity to increase my knowledge regarding my personal state of fitness, physiology, biomechanics, and the training strategies that may affect my performance. I understand that I will be performing an exercise program with the intent of achieving my personal goals, however results vary according to each individual.
2. Training may consists of one or more of the following high-level athletic activities: treadmill running, plyometric jumping, sprintcord running, throwing cord drills, kicking cord drills, weight training, and other physical exercise.
3. When performed correctly under the supervision of the staff, the training program is designed to be both safe and effective; however, as with all athletic activities, a risk for injury is present. Risks include, but are not limited to: musculoskeletal injury, cardiovascular complications, pulmonary complications, neurological complications.
4. For consideration of my participation in the program, I hereby acknowledge the aforementioned risks associated with my participation in the program. I, personally and on behalf my heirs, executors or estate, hereby waive any and all claims I may have arising out of my participation in the program and shall hold harmless Carle Sports Medicine, Carle Clinic Association, and the Carle Foundation from any such claims arising out of my participation in the program. I understand that I will be responsible for any and all costs associated with medical treatment of an injury sustained while participating in these programs.

Signature of Participant

Date

Signature of Parent or Guardian
(If participant is under 18)

Date

Signature of Carle Sports Medicine Staff

Date