



Consent & Release of Liability

Athletic Enhancement Training provided by Marshfield Clinic Health System and Marshfield Medical Center - Ladysmith is designed to help prevent knee injuries and enhance performance. Prior to participating in this training, it is important that you and your parent/legal guardian read, understand, and sign this consent.

INFORMED CONSENT:

Prior to training you will undergo a sports injury prevention test, composed of various evaluations of knee anatomy, strength, flexibility and function. The first week will be spent orienting athletes to training regimens and beginning the training. The initial muscle testing and training may cause some muscle soreness. You will be re-tested after training to evaluate the training effects. The exercise program will be conducted 4 days per week for 6 weeks. The training time will be for approximately 60 minutes per day.

It is recommended that you have a physical examination performed by your primary care or sports medicine physician within the past year. You may consent to begin this program without a physician's approval by signing below unless you are **presently** under a physician's care for an injury. A letter will be needed by the physician stating you may participate in the program. We reserve the right to deny your participation if we feel it may put you at risk based on your history, results of the evaluation, or results that arise during the course of training. Criteria for patient entry into program include: **pain free and full ROM, no knee or ankle instability, no swelling, no patellofemoral pain, and no anterior knee pain.**

LIABILITY RELEASE:

By signing this document, you 1) expressly represent that you are in good health and are capable of full participation in rigorous physical activity; 2) agree to assume all risk of personal injury while attending and participating in this program; and 3) are acting for yourself, your heirs, personal representatives, and assigns, you release Marshfield Clinic Health System and Marshfield Medical Center - Ladysmith and any of its staff from any loss or liability whatsoever for any accident or injury, fatal or otherwise, which may result directly or indirectly from your involvement with this program.

As the parent or guardian of the child participating in this program, I indemnify and hold harmless Marshfield Clinic Health System and Marshfield Medical Center - Ladysmith against any future claims.

I consent to begin this program and have completed a medical examination and have physician approval.

I consent to begin this program without medical examination and physician approval.

I am under the age of 18 and my parent/legal guardian is present at the time of this agreement reading and signing.

Participant Signature: _____

Date: _____

Parent or Legal Guardian: _____

Date: _____