

**Medical Consent with Liability Release**

Name: \_\_\_\_\_ born on \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

The undersigned, recognizes the inherent risks associated with participating in any athletic training sessions and through his/her voluntary participation, the undersigned hereby accepts those risks and dangers in ATHLETIC TRAINING SESSIONS conducted by ATHLETIC PERFORMANCE INC. (Organizer).

In the event Organizer perceives a need to provide emergency medical care or treatment, the undersigned hereby further authorize(s) any of the staff, employees, agents and representatives of Organizer to provide for, approve and authorize any health care at any hospital, emergency room, doctor's office or other institution; employ any physicians, dentists, nurses, or other person whose services may be needed for such health care; review and if necessary disclose the contents of any medical records; execute any consent form required by medical, dental or other health authorities incident to the provision of medical, surgical or dental care to the child. Health care shall include but not be limited to the administration of anesthesia, X-ray examination, performance of operations, diagnostic and other procedures. This authorization shall expire 10 years from date of signature.

As soon as practicable and prudent, Organizer shall make a reasonable effort to contact the persons listed on the attached Contacts Information and Instructions form to notify them of the situation requiring medical care. Notwithstanding other provisions in this Consent Form, Organizer shall not have the authority to withhold or withdraw life-sustaining procedures for the undersigned.

The undersigned assume(s) all risk of injury or harm associated with participation in the ATHLETIC TRAINING SESSIONS and agree(s) to the fullest extent permitted by law, release, indemnify, defend and forever discharge the Organizer and its officers, directors, owners, staff, employees, representatives and agents (collectively the "Organizer") of and from all liability, claims, demands, damages, costs, expenses, actions and causes of action (collectively the "Claims") in respect of death, injury, loss or damage to the participant, howsoever caused, arising from or related to undersigned participation in the ATHLETIC TRAINING SESSIONS.

This Consent Form may be revoked at any time before the expiration date with written notice to Organizer.

Signed on \_\_\_\_\_ (date), at \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Parent/Guardian Signature if Participant is not 18 years old.

**Emergency Contacts**

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<b>Contact Name:</b>	
<b>Relationship:</b>	<b>Phone Number:</b>

<b>Contact Name:</b>	
<b>Relationship:</b>	<b>Phone Number:</b>

**Medical/Health/Insurance Care Information**

<b>Doctor Name:</b>	
<b>Address:</b>	
<b>Office Telephone:</b>	<b>After Hours Number:</b>

<b>Health Insurance Company:</b>	
<b>Group or Policy Number:</b>	
<b>Telephone Number:</b>	

<b>Medications:</b>
<b>Allergies:</b>
<b>Immunizations:</b>
<b>Special Conditions:</b>

**Other Information**