

## CONSENT AND WAIVER OF LIABILITY

ATHLETE NAME \_\_\_\_\_

Sport: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Email: \_\_\_\_\_

### **Mercy Health Sports Medicine Combine**

Mercy Health professionals are prepared to assist athletes in preventing injuries and enhancing performance. Prior to participating in testing and/or training, it is necessary for you and/or your parent/legal guardian to read, understand, and sign this consent.

### **INFORMED CONSENT:**

The Mercy Health Sports Medicine Combine is composed of various evaluations of lower and upper body anatomy, strength, flexibility, function and agility. It is strongly recommended that, before participating in testing and/or training, you have a physical examination performed by your primary care or sports medicine physician within the past year. **If you are currently under a physician's care for an injury, you will need a letter from the physician stating you may participate in testing.** 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 participation in testing include: **pain free and full ROM, no knee, ankle or shoulder instability, no swelling, no patellofemoral pain, no anterior knee pain and no shoulder pain.**

**BENEFITS of Testing and/or Training Include:** To gather baseline data on all lower and upper extremity return to play tests to utilize for return to play decisions should the participant sustain a lower or upper extremity injury (i.e. ACL tear).

**RISKS of Testing and/or Training Include:** Hip, Knee, Ankle and/or Shoulder, Elbow, Wrist ligamentous sprain/muscle strain

**Mercy Health Orthopedic and Sports Medicine Clinicians Will Perform the Testing/Training.**

### **LIABILITY RELEASE:**

By signing this document, you 1) expressly represent that you are (or Athlete/Participant is) in good health and 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) acting for yourself, your heirs, personal representatives, and assigns, you release Mercy Health, its affiliates, 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 Mercy Health against any future claims.

- ☐ I am not currently under the care of a physician for any known injury and consent to testing without medical examination and physician approval.
- ☐ I am currently under the care of a physician for known injury and have included a letter clearing my participation in testing.

**By signing below, I also acknowledge a) that I have been informed of the nature and purpose(s) of the testing and/or training, what they are expected to accomplish, along with the reasonably known risks; and b) that I have been given the opportunity to ask questions about the testing and/or training, and the questions I asked have been answered satisfactorily.**

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If Athlete/Participant is under age 18 years:**

Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_