



PARTICIPATION IN STUDENT ATHLETIC INJURY PREVENTION WORKSHOP

Name _____
Physician _____

Date of Birth _____
Emergency Contact _____

1. I request permission for me/my child to participate in the Student Athletic Injury Prevention Workshop at Brooks Memorial Hospital. I am aware that this workshop is intended to educate middle school and high school age athletes, athletic directors, coaches, and parent volunteers about sports injuries. I am aware that physician specialists will lecture, and that a Brooks Memorial Hospital Certified Athletic Trainer will lead a stretching demonstration, agility and balance drills; and interactive demonstrations about heads up tackling, anterior cruciate ligament (ACL) injury prevention and emergency response.
2. I have been informed of the expected benefits and complications (from known and unknown causes) and discomforts and risks that may arise as well as possible alternatives to the workshop, including not participating in it.
3. The risks associated with exercise include, but are not limited to: muscles strains pulls, injury to ligaments, concussion, and serious or potentially life-threatening changes in my blood pressure, heart rate, heart rhythm and heart function.
4. I certify that I am not aware of any medical condition that would preclude me/my child from exercising.
5. I hereby release Brooks Memorial Hospital, its staff and employees from all liability and responsibility in connection with my/my child's participation in this program.
6. I understand that during the workshop, unforeseen circumstances may arise which may necessitate emergency treatment. Should such treatment be required, I consent for my child/myself to receive treatment at the closest hospital Emergency Department at my own cost and expense.
7. I acknowledge that no guarantees or assurances have been made to me concerning the results intended from my participation in this workshop.
8. I confirm that I have read and fully understand the above, and that all blank spaces have been completed prior to my signing. I have crossed out any paragraphs or words above that do not pertain to me. I have been given an opportunity to ask questions, and all of my questions have been answered to my satisfaction.

Participant Signature _____

Parent/Guardian Signature (if participant is under age 18): _____

Print Name _____

Date/Time _____

Telephone Number _____