



## INFORMED CONSENT

My participation in the Athletic Republic™ Program is voluntary and I may withdraw from the evaluation or program at any time. The benefits associated with my participation include information regarding my personal state of fitness and the increase of my physiological knowledge.

I HEREBY CONSENT TO and PERMIT the Athletic Republic™ Program staff to use my testing data obtained in report or publications, but my identity will not be associated with such reports unless I have given specific permission to do so.

I understand that these evaluation(s) and program participation should not result in physical injury to me. However, I acknowledge the following:

*In the event of physical injury resulting from the evaluation procedures, equipment usage of equipment testing, initial first aid will be provided. If further medical attention is needed I must look to my own health insurance policies for further medical assistance.*

I understand the Athletic Republic™ Program staff is relying on all information provided by me regarding my medical history and condition before allowing me to participate in any evaluation or training program. I certify the information to be true and correct.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Parent/Guardian/Conservator Signature (if Client is a minor)

## PERMISSION TO PROVIDE MEDICAL TREATMENT AGREEMENT

I HEREBY give my permission for my son/daughter, \_\_\_\_\_ to undergo medical treatment for any injury or illness he/she may sustain or acquire while engaged in the Athletic Republic™ Program. I understand that the personnel of the Athletic Republic™ Program use only those procedures, which are within their training, credentialing and scope of professional practice to prevent, care for and rehabilitate injuries. In the event that more serious medical procedures are required, such as surgery or other invasive procedures, I understand that attempts will be made to contact me for my consent. I understand that if my child suffers a potentially life threatening injury or illness, and in the event I am unable to be contacted within a reasonable period of time, that I authorize any duly licensed medical practitioner to perform such procedures as may be medically necessary to alleviate the problem.

I have had the opportunity to ask questions regarding this release and all of my questions have been answered to my satisfaction. Having understood the above agreement, I freely sign this Permission to Provide Medical Treatment Agreement.

I acknowledge that the participant is under the age of 19. I have reviewed the information provided and certify it to be true and correct.

I consent to \_\_\_\_\_ participating in the evaluation and program.

\_\_\_\_\_  
Signature of Parent/Guardian/Conservator

\_\_\_\_\_  
Date



## RELEASE OF ALL CLAIMS, WAIVER OF LIABILITY AND INDEMNIFICATION AGREEMENT

### ACKNOWLEDGEMENT OF RISK AND DANGER AND ASSUMPTION OF RISK

I understand and am aware that the use of the Athletic Republic™ Program facilities and equipment has inherent and unanticipated and unknown risks and dangers that may cause injuries or death. I expressly assume all risk or injury or death that may be sustained during my use of the facilities and equipment, its officers, director, agents and employees, defects in the facilities and equipment, the negligence of others and my own negligence or misuse.

\_\_\_\_\_/\_\_\_\_\_

Initial - If minor, parent/guardian/conservator also initial.

### RELEASE, COVENANT AND PROMISE NOT TO SUE

In consideration of being permitted to use the Athletic Republic™ Program facilities, services and equipment, I hereby release, acquit and discharge this facility, its successors and assigns, and its officers, directors, agents, and employees of and from all claims and liability of any kind which agree that I will not sue or commence any action of any kind against Athletic Republic™ Program, its successors and assigns and its officers, directors, agents, or employees.

\_\_\_\_\_/\_\_\_\_\_

Initial - If minor, parent/guardian/conservator also initial.

### INDEMNIFICATION AGREEMENT

In consideration of being permitted to use the Athletic Republic™ Program facilities, services, and equipment, I agree to indemnify and hold harmless this facility, its successors and assigns, and its officers, directors, agents, and employees of and from any claims, demands, liability, or judgments arising out of my use of the Athletic Republic™ facilities and equipment.

\_\_\_\_\_/\_\_\_\_\_

Initial - If minor, parent/guardian/conservator also initial.

### PARENT/GUARDIAN/CONSERVATOR INDEMNIFICATION AGREEMENT

In consideration of my child/ward being permitted to use the Athletic Republic™ Program facilities and equipment I agree to indemnify and hold harmless this facility, its successors and assigns, and its officers, directors, agents and employees of and from any claims, demands, liability, or judgments made by or on behalf of my child/ward arising out of or during my child/ward's use of the Athletic Republic™ Program facilities and equipment.

\_\_\_\_\_/\_\_\_\_\_

Initial

Client:

Parent/Guardian/Conservator if applicable:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

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Address