



Informed Consent

Please read the accompanying information regarding the performance evaluations, equipment usage and training protocols. If you have any questions, please ask.

1. Participation in High Performance Athletic Training Centers program is voluntary and I may, at any time withdrawal from it. I understand that there will be no refunds following this withdrawal.
2. All performance testing and evaluations will be performed and/or under the direction of, the High Performance Staff.
3. I understand that precautions will be used during this evaluation/training program to prevent physical injury to me. However, in the event of physical injury resulting from the fitness evaluation procedures, equipment usage or training protocols, no medical treatment or monetary compensation will be provided by High Performance Athletic Training Center. I assume the full risk associated with the participation in the training programs and agree to hold harmless High Performance Athletic Training Center and all employees associated with this company.
4. I give permission to High Performance Athletic Training Center to use my testing results, picture in reports, publications, promotional advertising, web site, face book, but my identity will not be associated with such reports, publications or promotional material unless I have given specific permission to do so.
5. I acknowledge that High Performance Athletic Training Center is relying solely on information provided by me regarding my medical history and physical condition, in allowing me to participate in any evaluation or training session. I certify that I have made a complete disclosure of my medical history and physical condition and the information provided is true and correct.

Signature

Date

Name of Participant (Please Print)

Parent or Guardian Consent

The Participant is under 18 years of age. I have reviewed the information provided and certify it to be true and correct. I represent that we currently have medical insurance and I consent to allow _____'s participation in the evaluation and or training program.

Parent/Guardian Signature

Date

Parent Guardian Name (please print)