

North Idaho Physical Therapy

Awareness of Risk Waiver for CORE SPORTS PERFORMANCE Program Athletes

Participation in a sport requires acceptance of risk or injury. Athletes may rightfully assume that those who are responsible for the conduct of the CORE SPORTS PERFORMANCE Program (Coaches, Physical Therapists, Athletic Trainers, Personal Trainers and others) have taken reasonable precautions to minimize the risk of significant injury.

The injuries that may occur in the CORE SPORTS PERFORMANCE Program most commonly include (but are not limited to) the following: shoulder, back, hip, knee, shin splints, ankles, chronic tendinitis and bursitis and stress fracture injuries. Serious injuries, including the risk of spinal cord and brain injury that may result in death or paralysis, and other injuries that include (but are not limited to): head and neck injuries and broken bones.

The responsibility for sport safety must be shared by all involved, including: Coaches, Physical Therapists, Athletic Trainers, Personal Trainers, and especially the athletes themselves. You, the undersigned athlete, are aware that there is a certain risk of injury involved in your participation in the CORE SPORTS PERFORMANCE Program. By signing this agreement, you agree the use of the equipment and facilities will be at your own risk, and you agree to assume all risks and injuries and/or damages to person and property which you may endure while in the facilities, and/or due to exercise and/or use of equipment in the facilities. You further agree to indemnify and hold harmless NORTH IDAHO PHYSICAL THERAPY, its owners, directors, officers, agents and employees, from any and all claims, demands, and/or causes of action for injuries and damages to your person or property while in the facilities or participating in activities in the facilities due to any fault, and/or cause including negligence. You also agree that NORTH IDAHO PHYSICAL THERAPY is not responsible or liable for loss, theft and/or damage of your, or your guests, personal property in the facility. You will also be responsible for any damage you or your guests cause to the facility's property. This is to make you aware of your responsibility in preventing potential injuries, reporting actual injuries, complying with the program of NORTH IDAHO PHYSICAL THERAPY and to make you aware that there is a risk of injury.

Name (print): _____

Athlete's Signature: _____

Date: _____

If under 18 years old, parent or guardian's signature:

MEDICAL AND SURGICAL TREATMENT AUTHORIZATION FORM

I hereby authorize and give my consent to the Health Authorities of NORTH IDAHO PHYSICAL THERAPY or any licensed physician to perform upon or administer to:

Name of Athlete (print)

Date

Any reasonable necessary physical therapy, first aid, medical or surgical treatment. I also give my permission to administer whatever anesthetic may be necessary or advisable during the medical or surgical procedures. This authorization is intended to cover emergency treatment, immunization, injections, and minor operations and procedures.

In the event of indicated major surgery or major operation, NORTH IDAHO PHYSICAL THERAPY or physicians are not hereby excused from attempting to contact parent or guardian by phone or mail before relying upon this authorization. This authorization does not entitle NORTH IDAHO PHYSICAL THERAPY or physician to render any medical or surgical treatment without the athlete's personal consent, unless the athlete is unable to give consent.

This permission is good only until the athlete has attained his/her eighteenth birthday.

A photocopy or fax of this form shall be considered as good as the original.

Athlete's Date of Birth _____

Parent or Guardian: _____
Please Print

Relation to Athlete: _____

Address: _____

Home Phone: _____

Work Phone: _____

Shirt Size: _____

Parent/Guardian Signature: _____

Other Person to contact in case of emergency:

Name: _____

Phone: _____

Relation to Athlete: _____

Office Use only: Fees paid \$ _____ Date: _____

Check Number _____ cash credit card

NORTH IDAHO PHYSICAL THERAPY CORE SPORTS PERFORMANCE PROGRAM

LAST NAME: _____ FIRST NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ BIRTHDATE: _____ AGE: _____ SEX: (circle one) M F

SCHOOL YOU WILL ATTEND IN THE FALL _____

RESPONSIBLE PARENT/GUARDIAN: LAST NAME: _____ FIRST NAME: _____

MAILING ADDRESS IF DIFFERENT FROM ABOVE: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ WORK PHONE: _____

DATE OF LAST PHYSICAL: _____ PHYSICIAN: _____

HAVE YOU HAD ANY INJURIES OR CONDITIONS THAT MAY AFFECT YOUR ABILITY TO PARTICIPATE IN
A VIGOROUS AND DEMANDING WORKOUT? PLEASE EXPLAIN: _____

SPORTS YOU ARE PLANNING TO PARTICIPATE IN: _____

How did you hear about our CORE SPORTS PERFORMANCE

Program: _____