

Prostaff Physical Therapy
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Prostaff Physical Therapy
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7609 Brockway Road
Yale, MI 48097
Phone (810) 387-4900

CONSENT, WAIVER OF LIABILITY AND PHOTOGRAPHY

Athlete Name _____

Address: _____ City: _____ State: _____ Zip: _____

Daytime phone: _____ Email: _____

Sportsmetrics Sport Injury Test

Cincinnati SportsMedicine Research and Education Foundation and Cincinnati SportsMedicine and Orthopedic Center professionals are prepared to assist athletes in preventing knee injury and enhancing performance. Prior to participating in testing and/or training, it is important that you and your parent/legal guardian read, understand, and sign this consent.

INFORMED CONSENT:

The Sports Injury Test is composed of various evaluations of the knee anatomy, strength, flexibility and function. It is recommended that you have a physical examination performed by your primary care or sports medicine physician within the past year. **If you are presently 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 or performance during testing. Criteria for patient participation in testing include: **pain free full range of motion, no knee or ankle instability, no swelling, and no anterior knee pain (pain in the front of the knee).**

LIABILITY RELEASE:

By signing this document, you 1) expressly represent that you are in good health and are capable of full participating in this program; And 2) agree to assume all risk of personal injury while attending and participating in this program; and 3) are acting for yourself, your heirs, personal representatives, and assigns, you release Prostaff PT P.L.L.C., Cincinnati SportsMedicine Research and Education Foundation and Cincinnati SportsMedicine and Orthopedic Center and any of its staff from any loss of liability whatsoever for any accident or injury, fatal or otherwise, which may result directly from your involvement with this program.

PHOTOGRAPH RELEASE:

By signing below you are giving consent to have your child's photographs published or utilized by Prostaff PT P.L.L.C., Cincinnati SportsMedicine Research and Education Foundation and Cincinnati SportsMedicine Research and Orthopedic Center for educational, promotional or informational promotional or informational purposes. Your child's photographs may be used by other news media with the knowledge and permission of Prostaff PT P.L.L.C, Cincinnati SportsMedicine and Orthopedic Center.

As the parent or guardian of the child participating in this program, I indemnify and hold harmless Prostaff PT P.L.L.C., Cincinnati SportsMedicine and Orthopedic Center and Cincinnati SportsMedicine and Educational Foundation 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.

Athlete's Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____