



Performance Waiver

I, _____ am in good health and able to participate in a vigorous training program. I have no previous sickness, illness, disease, or bodily injury that is contraindicated to participation in any activity set forth. I understand that Virginia Sport & Spine Institute (VSSI) is not responsible for any physical injury that may occur during training activities. I hereby release, hold harmless, discharge, and agree not to take any legal action against VSSI and/or its directors, facilities, and/or coaches for all liability from participation in this program.

I give the doctors, other health practitioners, and employees of VSSI the absolute right and unrestricted permission to take/use my name, testimonial, biographical data, and protected health information voluntarily disclosed by me to publish, reproduce, edit, exhibit, project, display, and/or copyright images or pictures of me, whether still, single, multiple or moving, or which I may be included in whole or part, in color or otherwise, through any form of media taken at this practice of VSSI for advertising, recruitment, marketing, publicity, or any other lawful purpose. I waive any right to royalties or other compensation arising from or related to the use of this testimonial. I certify that I am at least 18 years of age (or if under 18 years of age, that I am joined herein by my legal parent or legal guardian) and that this release is signed voluntarily, under no duress, and without expectation of compensation in any form now or in the future.

Further: I expressly acknowledge that this Authorization is voluntary.

This authorization is valid until it is revoked by me in writing. I understand that this authorization may be revoked by me at any time, provided I notify VSSI in writing.

I understand that the protected health information I voluntarily disclose will be re-disclosed by Health Advantage as disclosed in this authorization and that information will no longer be protected by HIPAA Privacy Rules.

I hereby authorize the doctors of Virginia Sport & Spine Institute, and whomever they may designate as assistants, to provide movement assessments, training, or any other performance instruction as deemed necessary. I also give VSSI permission to use still footage photography and/or video from our session for teaching and/or marketing.

Athlete Name: _____

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

Grade: _____ DOB: _____ School: _____

Cell Phone: _____ Sport: _____

Parent e-mail: _____ Athlete e-mail: _____

Print patient name

Signature of patient

Date

Print parent/guardian name

Signature of parent/guardian

Date

Print witness' name

Signature of witness

Date