



Consent Form

Name: (full legal name) _____

Address: _____

City: _____ State _____ Zip: _____

Cell: (required) _____ Email: (required) _____

Date of Birth: _____ Age: _____ Male _____ Female _____ Shirt size: _____

Parent Name: (if under 18) _____ Parent Cell: _____

Emergency Contact Name: _____ Cell: _____

I understand and agree to the following:

- I voluntarily agree to participate in the Aspire Performance Rehab Program. I understand that all services will be provided by a licensed athletic trainer by the state of Indiana and Certified by the National Athletic Trainers Association. I also understand that the confidentiality and privacy of such services shall be maintained by federal HIPPA regulations.
- I agree to accept full responsibility for my participation and any injuries that may occur from my participation. I will disclose any health issue which would increase my risk of injury due to my participation. I accept responsibility for my actions and will abide by Aspire PR's rules and regulations.
- I release Aspire Performance Rehab from all liability in connection with my participation in the program and acknowledge that no guarantees have been made to me as a result in my participation.
- I agree to make payment in full at the time of service.
- I agree to call/email 24 hours before if unable to attend scheduled appointments and will be charged after 3 late cancellations.

I have read and understand the above-stated information.

Signature of participant _____ Date _____

Signature of Parent (if under 18) _____ Date _____