



## Sports Performance Package

### Informed Consent For Exercise Participation

I desire to engage voluntarily in Canyon Park Physical Therapy's Precision Sports Performance Program. I understand that the activities are designed to place an increasing workload on the cardio-respiratory, musculoskeletal and neuromuscular systems and thereby improve their function. The reaction of the above-mentioned systems to this exercise program cannot be predicted with complete accuracy.

I understand that I am responsible for monitoring my own condition throughout the exercise program and should any unusual symptoms occur it is my responsibility to report these symptoms and stop exercising immediately.

In the event that a medical clearance form must be obtained prior to my participation due to a pre-existing condition, I agree to consult my physician and obtain written permission from my physician prior to the commencement of any exercise program.

Also, if considered appropriate to participate in this program, I agree to assume the risk of such exercise, and further agree to not hold Therapeutic Associates – Canyon Park Physical Therapy and its staff members conducting the program responsible for any and all claims, suits, losses or related causes of action for damages, including, but not limited to, such claims that may result from my injury or death, accidental or otherwise, during, or arising in any way from the Precision Sports Performance Program.

In signing this form I affirm that I have read this form in its entirety and that I understand the nature of the exercise program. I also affirm that my questions regarding the program have been answered to my satisfaction.

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Signature of Guardian

\_\_\_\_\_  
Date