



PERFORMANCE EDGE PARTICIPANT INFORMED CONSENT AND PARENTAL PERMISSION (Please Print)

The Performance Edge admits all qualified applicants without regard to disability, race, color, religion, national or ethnic origin, or sexual orientation.

THIS CONSENT CONTAINS A WAIVER OF RIGHTS AND A RELEASE OF LIABILITY

NAME AND ADDRESS OF PARTICIPANT _____

By signing below I consent to ErgoMed, Inc., The Performance & Wellness Institute, the Performance Edge, and their employees' evaluation and examination of my current athletic status and ability and I consent to voluntary participation in the Performance Edge program ("Program"). I furthermore authorize the Program staff to design a strength and conditioning program to meet my athletic needs. I agree to inform the Performance Edge staff of any changes in my health. I represent and warrant that I, or my child, have or has received a physical from my or his/her physician or other licensed health care provider and that I, or my child, have or has no medical conditions or restrictions on my or my child's participation in the Program unless specifically listed below.

The undersigned is aware that participating in any sport, and specifically in a strength and conditioning program, can be a dangerous activity involving MANY RISKS OF INJURY. Those risks and dangers include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to bones, ligaments, muscles, tendons and other parts of the muscular skeletal system and serious injury or impairment of the body. Other risks include changes to the body during exercise, including but not limited to abnormal blood pressure, fainting, dizziness, changes in heart rhythm, heart attack, and heat stroke.

I agree to participate to my fullest potential and agree to practice safe techniques at all times. I agree to inform Program staff of any unsafe practices or equipment I observe or become aware of, as well as of any changes to my physical or mental health. I understand that no foul play and/or profane language are allowed and the staff reserves the right to discontinue service to me or my child. I also grant permission for ErgoMed to use photographs and videos of my son/daughter for publicity, advertising, or other commercial purpose. I grant permission for ErgoMed to contact the participant regarding future camps and training information.

The undersigned grants permission to ErgoMed, Inc., The Performance & Wellness Institute LLC., the Performance Edge, The Point Sports Medicine Rehab Clinic Inc., and their employees ("the Program") to act on my behalf for myself or my child to render any first aid, rehabilitative, diagnostic, or emergency treatment deemed necessary in the event of illness or injury. I understand that it is possible that a medical problem may arise that cannot be addressed by first aid, rehabilitation, diagnostic, or emergency treatment. In the event that the participant is an adult, I grant permission to the Program to obtain medical treatment for me. In the event that the participant is a child, an attempt will be made to notify me (the parent or guardian) by telephone. In the event that the parent or guardian cannot be reached, I hereby give my consent to the Program to obtain such medical treatment as is deemed necessary for my child.

WAIVER AND RELEASE. I voluntarily and willingly accept and assume all risks associated with participation in the Program. In consideration of receiving the strength and conditioning training offered by the Program, I, for myself and for my child, and for our personal representatives, heirs, executors, spouse, administrators, agents,

assigns, and all others, release, discharge, and agree to hold harmless to the fullest extent permitted by law, ErgoMed, Inc., The Performance & Wellness Institute, the Performance Edge, The Point Sports Medicine and Rehabilitation Clinics, and their respective employees, officers, owners, shareholders, members, managers, agents, insurers, affiliates, related companies, successors, and assigns ("Released Parties"), from any and all claims or causes of action arising out of my or my child's participation in the Program. This waiver and release is a release of all liability on the part of the Released Parties, and relieves the Released Parties of the consequences of their own actions or inactions and negligence. This waiver and release waives any legal action or claim by me or my child arising out of my or my child's participation in any of the activities, or the use of any of the equipment, facilities, or services, of the Program or Released Parties on account of any illness or accident, or physical injury or property loss to me or to my child. I further agree to indemnify, hold harmless, and reimburse the Released Parties' expenses incurred in providing first aid, rehabilitative, diagnostic, emergency, or medical care rendered to me or to my child.

MEDICAL CONDITIONS OR RESTRICTIONS OF PARTICIPANT (list here) _____

I hereby certify that I have read and fully understand this informed consent and permission.

PARTICIPANT SIGNATURE _____ Date _____

Date of Birth _____

If PARTICIPANT IS A CHILD (a person under eighteen (18) years of age) a Parent MUST sign

Parent Signature _____ Date _____ I am (check one):

- A Parent of the Participant
- A Guardian of the Participant appointed by a court
- A person with Legal Custody of the Participant
- A Legal Representative of the Participant designated by a court
- A Physical Custodian of the Participant whether or not appointed by a court
- A Person Responsible for the Participant's health and welfare

Address _____

E-mail _____

Emergency Contact _____ Relation _____

Home Phone _____ Cell _____ Work _____

Sport/s Participating in _____ Grade _____

Goals: _____

