



MetroHealth

CONSENT/RELEASE AND WAIVER

Student Participant's Full Name

Date of Birth

John Marshall High School School

ACL/CAI Injury Prevention S&C Program

Name of School

Name of Program/Sport

As the parent or legal guardian of the above named Student Participant, I hereby give my consent to The MetroHealth System ("MetroHealth") and John Marshall High School ("District") to provide sports medicine services to the Student Participant as part of his/her participation in the above mentioned Program. MetroHealth's services may include but may not be limited to the following: student participation in pre/post testing, strength training, agility training, and education in jump-landing kinematics. I grant permission to MetroHealth and District's employees or contractors to provide such services to Student Participant as deemed necessary by MetroHealth or District for the ACL injury prevention and strength and conditioning program. I further grant permission for MetroHealth and District employees or contractors to treat Student Participant for any injury or condition that arises out of Student Participant's activity in the above-named Program, including providing any emergency medical care deemed necessary by MetroHealth or District.

I understand that certain MetroHealth and District employees or contractors providing sports medicine services for the Program may not be physicians, medical doctors, or nurses. I understand that the services provided by MetroHealth or District relate to sports medicine services, and are not intended to be a complete medical examination. I understand that the above-named Program's activities are, by their nature, capable of causing injury to the Student Participant.

I hereby fully release MetroHealth, School District and all of MetroHealth and School District's Employees or Contractors, from any and all liability associated with the care, treatment, examination or other sports medicine or healthcare services provided to Student Participant as part of the Student Participant's participation in the above-named Program.

Authority or Relationship of Representative
(Unless parent, attach copy of documentation of
authority, e.g. a court order designating
guardianship)

Signature of Personal Representative/Guardian

Signature of Student

Date