



ENDURANCE REHAB WAIVER FOR ATHLETIC TRAINING ROOM, PERFORMANCE and SCREENS

Athletic Training Room Services: taping, Normatec recovery boots, modalities (electrical stimulation), Theragun massage, stretching, ice/heat and access to the weight room. **IMPORTANT:** athletic training room services are to be utilized for injury prevention and generalized soreness and training recovery. These services are NOT intended to be a medical service to treat a specific injury. If your child has a specific injury that limits practice or does not allow your child to practice then Supervised Physical Therapy or referral to a Physician is more appropriate. Physical therapy is not covered under this agreement.

TRAINING ROOM FEE: \$15/month

Performance Training: Strength, agility, speed and mobility training that will include, although not be limited to, weights, bands, benches, balls, dumbbells, kettebells, etc. With athletes pushing themselves, like in all sporting activity, there are injury and dehydration risks assumed during this type of training.

Injury Screen Definition: An Endurance Rehab Physical Therapist or Athletic Trainer will provide an assessment of injury or pain. From this assessment, the PT or ATC will provide a recommendation for care: rest/ice, PT, see your primary care doctor or referral to Ortho Sports Med Physician. NO treatment will be provided at this appointment without first discussing findings with parent/guardian.

I am the parent/guardian of _____(Child). My child is fit to use exercise machines, free weights and any other gym equipment located at Endurance Rehab and Endurance Properties. I consent to my child's use of the exercise machines, free weights, recovery boots and any other exercise modality that his/her performance trainer recommends during training. I hereby authorize Endurance Rehabilitation and/or its licensed medical professionals to render an **INJURY SCREEN, if necessary.**

Today's date _____ Date of Birth _____
Name (print) _____ Name _____
Child Parent/Guardian
Phone # (____) _____ Phone # (____) _____
Child Parent/Guardian
Address _____

City _____ State _____ Zip Code _____

Who to notify in case of emergency _____

Phone Number of emergency contact (____) _____

I HAVE READ AND I UNDERSTAND THIS RELEASE AGREEMENT. In consideration of allowing my Child to participate, I consent to it and agree that **ITS TERMS SHALL LIKEWISE BIND ME, MY CHILD,** my heirs, legal representatives, and assignees. **I HEREBY RELEASE AND SHALL DEFEND, INDEMNIFY AND HOLD HARMLESS THE RELEASEES FROM EVERY CLAIM AND ANY LIABILITY** that I or my Child may allege against the Releases (including reasonable attorneys' fees or costs) as a direct or indirect result of injury to me or my Child because of my Child's participation, **WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES** or others. **I PROMISE NOT TO SUE RELEASEES** on my behalf of my Child regarding any claim arising from my Child's participation in physical rehabilitation and sports performance training.

I ACKNOWLEDGE THAT BY SIGNING THIS DOCUMENT, I AM RELEASING ENDURANCE REHABILITATION, ENDURANCE PROPERTIES AND THEIR RESPECTIVE AGENTS, EMPLOYEES, AND AFFILIATES (AF2, RSL) FROM LIABILITY. THIS RELEASE FORM IS A CONTRACT WITH LEGAL CONSEQUENCES. I HAVE BEEN ADVISED TO READ IT CAREFULLY BEFORE SIGNING

Signature of Parent/Guardian
Date _____

Print Parent/Guardian

PATIENT RIGHTS & RESPONSIBILITIES: The following applies if and when your child has a need for physical therapy at one of our locations.

You have the right to:

- Express concerns about any aspect of your care without fear of retaliation, and/or utilize the office's own grievance procedures.
- File a complaint with HIPPA
- Request and receive copies of your medical and billing information
- Receive considerate and respectful care
- Receive timely and competent care
- Verbal and physical privacy as much as reasonably possible
- Request person of your own sex to be present during a medical exam
- Expect that your medical information will be protected and accessed by only those people who are directly involved in your case.
- Expect reasonable safety and security while in office
- To ask questions
- Receive clear and prompt answers to your healthcare questions
- **The right to refuse any and all treatments**

Patient Responsibilities:

- Provide accurate and complete medical information about your health
- Allow Endurance Rehab to release information to **RSL coaching staff**
- To participate in your care and in the decision making
- Ask questions when you do not understand information given to you
- Follow your doctors orders and instructions
- Keep appointments, be on time and have the courtesy to call when unable to
- Review your living will or Durable Power of Attorney and make sure there is a copy on file with all your healthcare providers
- Be considerate of the needs and privacy of other patients
- To know your insurance policy. Patients should be aware of their coverage including which healthcare providers are contracted with their plan, covered and non-covered benefits, authorization requirements, and cost share information such as deductibles, coinsurance, and co-payments. If you are not familiar with your plan coverage, we recommend you contact your carrier directly.
- To promptly pay any patient responsibility indicated by their insurance carrier.
- To facilitate in claims payment by contacting their insurance carrier when claims have not been paid.

Endurance Rehabilitation Responsibility:

- To provide quality Performance Training, Physical Therapy and medical care.

I have reviewed and understand Patient Rights & Responsibilities, Consent to Treat & Disclosure, and Privacy Practices. A copy will be provided upon request of all policies of Endurance Rehabilitation.

Signature of Parent/Guardian/Patient

Print Name of Parent/Guardian/Patient

Date _____