



Brad Butler, MD Kory Bell, M.S.P.T. Orthopedic & Fracture Clinic
CONDITIONS OF ADMISSIONS
FOR PERFORMANCE TESTING
The Knee Training Zone

Please read and sign the following consents, releases and agreements and return to your coach.

- 1. CONSENT TO PERFORMANCE TESTING: I consent to the services to be rendered and provided during my participation in the ACL risk assessment and injury prevention program...
2. CONSENT FOR VIDEO PHOTOGRAPHY: I understand that part of this program involves the use of video assessment...
3. CONSENT FOR E-MAIL COMMUNICATION: I understand and give my consent to the Orthopedic & Fracture Clinic to use the E-MAIL provided as a communication for the Knee Training Zone program...

I, or my appointed agent, have read, fully understand and agree to the above statements. I wish to participate in this ACL risk assessment and injury prevention program.

Print Name of Participant Team
1. Signature of Participant Date

If participant is under the age of 15, or is otherwise unable to sign, complete the following:

Patient is \_\_\_ years of age OR is unable to sign because:

2. Guardian Signature Date Relationship to Participant