



Informed Consent to Participate in Bighorn Sports Enhancement

I do hereby consent to voluntarily participate in the Bighorn Physical Therapy and Sports Medicine, P.C. sports enhancement program titled Bighorn Sports Enhancement (BSE). I recognize that exercise is not without some risk to the musculoskeletal system in the form of sprains and strains. There is also stress to the cardiorespiratory system that can result in dizziness, fainting, abnormal heartbeats, and abnormal blood pressure. In severe cases, this can result in heart attack or stroke. I acknowledge that not all risks can be known in advance, and it is my responsibility to inform Bighorn Physical Therapy and Sports Medicine, P.C. staff of any known medical conditions that may affect my participation in the program, prior to starting BSE. I also acknowledge that it is my responsibility to inform Bighorn Physical Therapy and Sports Medicine, P.C. staff if I have any changes in my medical status while I am participating in BSE. I will immediately report any signs and symptoms of distress to the sports medicine staff if this occurs. I knowingly, and voluntarily, assume any, and all risks associated with my participation in programs, or facilities, offered by the Bighorn Physical Therapy and Sports Medicine, P.C. sports enhancement program, BSE.

I hereby release and hold harmless Bighorn Physical Therapy and Sports Medicine, P.C. and their staff from any and all liability, damage, expense, causes of action, suits, claims or judgments, damage or loss, and claims of injury, which may have arisen from the staff and use of the property that Bighorn Physical Therapy and Sports Medicine, P.C. is using to conduct BSE.

I have read this entire informed consent to participate in BSE, and I accept the conditions stated herein as a requirement to participate in the program.

Athlete Signature/Date

Parent or Guardian Signature/Date

Bighorn Staff Signature/Date