



INFORMED CONSENT

My participation in the Athletic Republic™ Program is voluntary and I may withdraw from the evaluation or program at any time. The benefits associated with my participation include information regarding my personal state of fitness and the increase of my physiological knowledge.

I HEREBY CONSENT TO and PERMIT the Athletic Republic™ Program staff to use my testing data obtained in report or publications, but my identity will not be associated with such reports unless I have given specific permission to do so.

I understand that these evaluation(s) and program participation should not result in physical injury to me. However, I acknowledge the following:

In the event of physical injury resulting from the evaluation procedures, equipment usage of equipment testing, initial first aid will be provided. If further medical attention is needed I must look to my own health insurance policies for further medical assistance.

I understand the Athletic Republic™ Program staff is relying on all information provided by me regarding my medical history and condition before allowing me to participate in any evaluation or training program. I certify the information to be true and correct.

Client Signature

Parent/Guardian/Conservator Signature (if Client is a minor)