

ULTIMATE SPEED INFORMED CONSENT

My participation in the Ultimate Speed, Inc. (USI) 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 USI 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 USI 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)

Permission to Provide Medical Treatment Agreement

I HEREBY give my permission for my son/daughter, _____ to undergo medical treatment for any injury or illness he/she may sustain or acquire while engaged in the Ultimate Speed Incorporated Program. I understand that the personnel of Ultimate Speed Incorporated use only those procedures, which are within their training, credentialing and scope of professional practice to prevent, care for and rehabilitate injuries. In the event that more serious medical procedures are required, such as surgery or other invasive procedures, I understand that attempts will be made to contact me for my consent. I understand that if my child suffers a potentially life threatening injury or illness, and in the event I am unable to be contacted within a reasonable period of time, that I authorize any duly licensed medical practitioner to perform such procedures as may be medically necessary to alleviate the problem.

I have had the opportunity to ask questions regarding this release and all of my questions have been answered to my satisfaction. Having understood the above agreement, I freely sign this Permission to Provide Medical Treatment Agreement.

I acknowledge that the participant is under the age of 19. I have reviewed the information provided and certify it to be true and correct.

I consent to _____ participating in the evaluation and program.

Signature of Parent/Guardian/Conservator

Date