

# Summit Sports Training Center

Villanova West Chester

WWW.SUMMITSPORTSTC.COM

## INFORMED CONSENT

**PLEASE READ** the accompanying information regarding the performance evaluations, equipment usage, and training protocols. If you have any questions, **PLEASE ASK**.

1. My participation in the Summit Sports Training Center (SSTC) program is voluntary and I may, at any time, withdrawal from it. I understand that there will be no refunds following this withdrawal.
2. All performance testing will be administered by, and under the direction of, the SSTC staff.
3. I understand that precautions will be used during this evaluation / training program to prevent physical injury to me. However, in the event of physical injury resulting from the fitness evaluation procedures, equipment usage, or training protocols, no medical treatment or monetary compensation will be provided by SSTC. I assume the full risk associated with my participation in the training programs and agree to hold harmless SSTC and all employees associated with this company.
4. I give permission to SSTC to use my testing results in reports, publications, or promotional advertising, but my identity will not be associated with such reports, publications, or promotional advertising unless I have given specific permission to do so.
5. I acknowledge that Summit Sports Training Center is relying solely on information provided by me regarding my medical history and physical condition, in allowing me to participate in any evaluation or training session. I certify that I have made complete disclosure of my medical history and physical condition and the information provided is true and correct.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant Name (please print)

### **Parent or Guardian Consent**

The participant is under 18 years of age. I have reviewed the information provided and certify it to be true and correct. I represent that we currently have medical insurance and I consent to allow \_\_\_\_\_'s participation in the evaluation and / or training program.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian Name (please print)