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## **WORKSHOP WAIVER**

*Permission, Release, Waiver of Liability*  
(Please read carefully before signing)

I certify that I am the parent or legal guardian of \_\_\_\_\_, I, \_\_\_\_\_  
(Student's Full Name) (Parent / Guardian's Full Name)  
hereby give permission for \_\_\_\_\_ to participate in our **ACL Injury Prevention Workshop**.  
(Student's Full Name)

Student will be participating in rigorous exercises. As with all athletic activities there is a risk of injury. I do hereby fully release, discharge and indemnify Suburban Physical Therapy & Sports Medicine Center, LLC and The Tennis and Fitness Center of Rocky Hill and its officers, agents, servants and employees from any and all claims resulting from injuries, including death damages and losses sustained by my child or arising out of, connected with, or in any way associated with activities or participation in the workshop. I also give permission for my child to be transported from the workshop location to the nearest emergency hospital by a volunteer driver.

I certify that I have read and understand the above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Parent/Guardian's e-mail: \_\_\_\_\_

In case of an emergency, I can be reached at the following number during this activity:

Phone: \_\_\_\_\_