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WAIVER OF LIABILITY/INFORMED CONSENT FORM

"I, have enrolled in a program of strenuous physical activity including and not limited to Cardio, Speed & Agility, Weight Training, Plyometrics, and Functional Core Stabilization. I consent to performing physical activities deemed beneficial to obtain sport specific goals that were set forth by myself and the Athletic Trainers. I also acknowledge that I may be using equipment that is provided by Matrix Sports Medicine & Physical Therapy and I will only use it as instructed by my Athletic Trainer.

I _____ hereby affirm that I am in good physical condition and do not suffer from any disability or medical condition which would prevent me from or limit my participation in any of these activities. I am also aware as in any strenuous physical activity such as these that I may injure myself during the performance of these activities and in signing this form will release Matrix Sports Medicine & Physical Therapy and/or any of their Athletic Trainers from any and all liability for any injury that may occur.

I hereby affirm that I have read and fully understand the above:

Client/Player Signature Date

Parent or Legal Guardian if Client/Player is a Minor

Date

Authorized Representative Date
Matrix Sports Medicine & Physical Therapy, Inc