

Consent for Participation



I voluntarily agree to participate in one or more of Sanford Health’s POWER Center programs, including, but not limited to, its strength and performance enhancement programs, its Football, Basketball, Baseball, Golf, Hockey, and other sport specific Academies, as well as its Return to Performance and Concussion-Return to Play Programs (collectively, “Programs”). I understand that the purpose of exercise is to enhance physical performance and the purpose of rehabilitation is to work toward resuming normal physical activities, including certain contact sports. I understand that a comprehensive physical examination conducted by a physician is recommended prior to the start of any of the Programs. To my knowledge, I am medically fit to participate in the Program(s) I have selected. I acknowledge that I have been provided more specific information regarding such Program(s), including, but not limited to, the type of exercises and/or the rehabilitation regimen involved in the Program(s), as well as the business terms and conditions applicable to the Program(s). I likewise consent to Sanford SCORE testing during my Program participation. I agree that my Sanford SCORE testing data may be used to create a user account on SanfordSCORE.com. I acknowledge that any potential use of SanfordSCORE.com shall be subject to the terms, conditions, and notices provided on the SanfordSCORE.com website.

I understand that while participating in the Program(s), certain changes may occur which may cause discomfort. Examples include light-headedness, dizziness, nausea, muscle fatigue and muscle soreness. In rare instances, abnormal blood pressure responses, irregularities in heartbeat, and other cardiovascular problems could occur. There is a possibility of straining a muscle or spraining a ligament during exercise. Muscle and joint soreness may be experienced during the initial 24-48 hours following exercise or rehabilitation. Soreness should decrease following exercise and rehabilitation, as I adapt to the routine(s). I understand that I need to implement proper progression of exercise and rehabilitation, including warm-up and cool down procedures, to minimize soreness and the risk of injury.

I understand that a Sanford Health POWER Center staff member will be available during normal business hours of the POWER Center in which I exercise and/or rehabilitate; however, direct supervision will only be available during any personal instructional session(s) I may schedule as part of the Program(s). If I suspect an injury has occurred during my participation in any Program, I agree to contact a Sanford Health POWER Center staff member immediately. I authorize the Sanford Health POWER Center staff to act for me in an emergency requiring medical attention, according to their best judgment.

While I understand that it is believed that regular exercise will result in improved physical fitness and rehabilitation will result in improvement of a condition caused by injury, the extent of individual improvement is dependent upon many factors. I understand that compliance with an exercise or rehabilitation program and personal effort are highly significant determinants of success. Also, increased knowledge of safe and effective training methods is an additional benefit.

I acknowledge that I have been informed of the most common complications and consequences associated with the Program(s). I accept that this consent form does not spell out every possible risk or complication associated with the Program(s) I have selected to participate in. I know that if I do not understand any of what I have read, have special concerns, or simply desire more detailed information, I should ask more questions and get more information before signing this consent. I am also acknowledging that I am satisfied with the explanation I have been given about exercise and rehabilitation and the risks associated with the Program(s).

I release and agree to defend, indemnify and hold harmless Sanford, its subsidiaries and affiliates (collectively, “Sanford”), and Sanford’s officers, directors, trustees, medical staff, employees, and agents from all claims, liability and damages related to or arising from my participation in the Program(s). I also understand that this agreement shall bind me, my heirs, successors and personal representative. I acknowledge that I have read (or it has been read to me) and understand the information on this consent form and am signing on my own free will.

Date

Signature of Participant

Date

Signature of POWER Center Staff

I consent to my son’s/daughter’s participation in the Program(s) at the Sanford Health POWER Center and certify that my child is medically fit to participate in the Program(s) and hereby authorize the Sanford Health POWER Center staff to act for me in an emergency requiring medical attention for my child, according to their best judgment.

Date

Signature of Parent or Guardian