

**PROPERTY OF**  
**TRINITY**  
**FASTER**  
**ATHLETICS**



**WHO**

ALL athletes  
entering  
grades 5-12

**WHERE**

Velva High  
School Gym

**WHEN**

Mondays and  
Wednesdays at  
8:00 & 9:15am

**STARTING**

Monday June 3rd  
Ends July 24<sup>th</sup>

**COST**

\$110 before May 9<sup>th</sup>  
\$125 after May 9<sup>th</sup>  
Deadline May 17<sup>th</sup>

**Are you looking for a  
summer program or  
something to enhance  
your current workouts?**

**Join our injury prevention  
& performance enhancement**

**program. Trinity  
Sports Medicine**

**wants to  
keep you**

**In the  
game!**





**TRINITY**  
HEALTH



**Who: All athletes entering grades 5-12**

**Where: Velva High School Gym**

**When: Mondays & Wednesdays 8:00 & 9:15am**

**Starting: June 3<sup>rd</sup> Ends: July 24<sup>th</sup>**

To be registered must have turned in:

☐ Registration form   ☐ Medical history form   ☐ signed waiver   ☐ Fee

\*\*Additional forms can be found on our website at [trinityhealth.org](http://trinityhealth.org) (search FASTER)\*\*

**Questions? Contact Robyn at Sports Medicine for more info 857-3486**

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Return bottom

Name: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

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

I am entering grade \_\_\_\_\_ I am: Male \_\_\_\_\_ Female \_\_\_\_\_

T-Shirt size:   SM   MED   LG   XL   XXL

I participate in the following sports: \_\_\_\_\_

3 goals I have for the summer are:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_



**Trinity Health Waiver, Release of Liability, and Consent**

For and in consideration of being permitted to participate in the programs and services of Trinity Health (herein "TH"), the sufficiency of such consideration being acknowledged, I for myself, my heirs, successors, representatives and assigns, hereby now and forever RELEASE, ACQUIT, and DISCHARGE "TH" and its agents, employees, officers, directors, parent companies, subsidiaries, successors and assigns of and from any and all claims, demands, actions, remedies, causes of action, liability, damages, costs (including reasonable attorney fees), expenses and losses of every kind of nature, whether at this time known or unknown, anticipated or unanticipated, direct or indirect, which I for myself, my heirs, successors, representatives and assigns now have or may have in the future by reason of my use of the facilities, whether caused by the acts or omissions of the "TH" or its employees, agents or representatives, or by any other person or persons.

I further understand and acknowledge, and hereby assume, the risks and hazards which may cause injury, disability and death, and perhaps damage to or loss of my property while on the premises or while participating in any or all activities conducted. Moreover, I hereby acknowledge that my use is voluntary.

Further, although I recognize that no duty to do so exists or is hereby created, nevertheless, in the event that I sustain any personal injury or require medical attention either before, during or after exercise or participation in any and all activities, I specifically authorize "TH" and its agent or employees to voluntarily and gratuitously perform onsite treatment for injury or medical condition. I understand that any on-site treatment will not necessarily be performed by persons having medical training and that "TH" has made no representations that treatment will be performed by persons with such training. I also authorize "TH" and its agents or employees to voluntarily and gratuitously arrange transportation for me for the purpose of obtaining medical treatment elsewhere. In return for any such treatment or transportation for treatment elsewhere, I for myself, my heirs, successors and assigns, hereby now and forever RELEASE, ACQUIT, and DISCHARGE "TH" and its agents, employees, officers, directors, parent companies, subsidiaries, successors and assigns of and from any and all claims, demands, actions, remedies, causes of action, liability, damages, costs (including reasonable attorney fees), expenses and losses of every kind or nature, whether at this time known or unknown, anticipated or unanticipated, direct or indirect, which I for myself, my heirs, successors, representatives and assigns now have or may have in the future by reason of my use of the facilities, whether caused by the acts or omissions of "TH" or its employees, agents, or representatives, or by any other person or persons. I further give my consent to "TH" and its agents or employees to make arrangements with third parties for medical treatment or transportation to any emergency medical service, physicians, nurses, other medical personnel or hospitals that "TH" and its agents or employees may select, in their sole discretion, and I agree that I will assume full responsibility for payment for such treatment and/or transportation.

I acknowledge that I have carefully read and fully understand all of the provisions contained in this Consent and Release, and that I have freely and voluntarily chosen to agree to the same. I fully understand that this is a full and complete consent and release of any and all claims and that no additional consideration will be paid to me by and party hereby released.

**Client Name** \_\_\_\_\_

**Date** \_\_\_\_\_

**Signature** \_\_\_\_\_

If the person participating is not yet 18 years old: As a parent or legal guardian of the above-named child, I verify that I fully agree to, understand, and accept all provisions of this Waiver, Release, and Consent.

**Parent/Guardian Name** \_\_\_\_\_

**Date** \_\_\_\_\_

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

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