

Consent for participation

I voluntarily agree to participate in one or more of Sanford Sports's programs, including, but not limited to, its strength and performance enhancement programs, its football, basketball, baseball, golf, hockey, volleyball and other sport specific Academies, as well as its Sanford Health Athletic Readiness Program, 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 SanfordSports.com. I acknowledge that any potential use of SanfordSports.com shall be subject to the terms, conditions, and notices provided on the SanfordSports.com website. I also acknowledge that any testing data collected during my participation in Sanford Sports programs may be publicly displayed in real time within the facility. In the event any of my testing data establishes a new top score in a particular event or category, I agree that Sanford Sports may publicly post my name and top score within the facility and on any internet or social media platforms directly associated with Sanford Sports.

I understand that while participating in the Program(s), certain changes may occur which may cause discomfort. Examples include lightheadedness, 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 acknowledge the inherent risks associated with the use of hot and cold plunge pools, including but not limited to thermal shock, fainting, and slipping. I have consulted with a healthcare professional regarding my fitness for such activities and will comply with all safety instructions provided by Sanford. I agree to waive and claims against Sanford, its employees, and affiliates for injuries or damages arising from my use of the plunge pools.

I understand that a Sanford Sports staff member will be available during normal business hours of Sanford Sports 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 Sports staff member immediately. I authorize the Sanford Sports 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.

(Over)



Date

Signature of Participant

Date

Signature of Sanford Sports Staff

I consent to my son's/daughter's participation in the Program(s) at Sanford Sports and certify that my child is medically fit to participate in the Program(s) and hereby authorize the Sanford Sports 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

(Updated 4/2024)

Athlete Intake Questionnaire

Staff _____ Today's Date _____

Name _____

Age _____ Birth Date _____

Address _____

City _____ State _____ Zip Code _____

Phone # (H) _____ (C) _____

Email _____

Parent Email _____

Emergency Contact _____

Relationship _____

Phone # (H) _____ (C) _____ (W) _____

School _____

Year in School _____ Graduation Year _____

Sports--Positions or Events:

1. _____

2. _____

3. _____

4. _____

Training Experience Strength Training/Olympic

Lifting: _____

Plyometrics (jump training): _____

Sprint/Agility Training: _____

Injuries/Medical Conditions: _____

Limitations: _____

Training Goals: _____

1. _____

2. _____

3. _____

Hobbies/Interests: _____

Permission to Use Your Information or Image for Promotional Purposes

Information about you and your health is personal. Sanford is committed to protecting the privacy of your information. When Sanford wants to share your information for the public to see or hear, we must ask for your written permission (authorization). If you let us share your private information, you can ask how it will be used. You can also ask to stop an interview, recording, film or photo session at any time. People will likely recognize you in a promotion or interview, so please read this form carefully and ask any questions you have before signing.

I give permission for Sanford Health, Sanford Marketing and Media Relations, and the Sanford Health Foundation or their representatives to use and share my health information for:

- Sanford promotional purposes through written, video, internet or any other means of publication
- Local and national media interviews or stories
- Learning/Educational purposes

Information about me to be used or shared includes:

- My appearance in photographs, videos, audios or any other image (social media)
- Information about me gathered by Sanford staff or news reporters through interviews with me, my physicians or any others involved in my care. This information may include my name and my health condition(s) related to the Sanford promotion or media interview.

The information described above becomes Sanford's property or the property of the news media. Once your information is shared, it is no longer protected under federal and state privacy laws and may be re-disclosed or re-published by others in the future. Information published on the internet is available to anyone in the world and may be accessed, reproduced or downloaded at any time. Sanford will not receive payment of any kind for the use of your information. This permission does not include any promise to pay you.

Signing or refusing to sign this authorization will not affect your care at Sanford in any way. After you sign, you may change your mind at any time unless the information has already been used or shared. Please contact Sanford Marketing at 605-312-4300 if you change your mind and do not want your information to be used for new or future stories and promotions. This authorization will expire on _____, or five years from the date of signature if no date is entered.

Are you a current or former patient of Sanford Health? Yes No

Patient Name (Please Print)

Date of Birth

Signature of Patient or Personal Representative

Date

Time

Name of Personal Representative (if applicable)

Relationship to Patient

Witness/Organization Representative

Comments: _____

Distribution: Page 1 - Marketing; Page 2 - Patient

Name _____

Address _____

Phone _____