PEAK PERFORMANCE 2026

Athlete Information			
Name	Hockey Level	Date of Birth	Grade
Address	City	State / Zip Code	

Parent/Guardian Information				
Name	Address(if different from above) ☐ Same	City	State	Zip
Home Phone	Work Phone	Email		

Medical History

Please list any medical conditions or injuries that may limit the athlete's participation

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Consent Form

I acknowledge that by signing this document for my son's/daughter's (athlete) participation in Heartland Orthopedic Specialists PEAK PERFORMANCE Program, I release Heartland Orthopedic Specialists - A Service of Alomere Health from liability. I have been advised to read it carefully before signing. I understand that PEAK PERFORMANCE PROGRAM involves participation in strenuous physical activity and the use of exercise equipment and that physical injury may result. The athlete has no physical or medical condition which to my knowledge would endanger the athlete or others during participation.

Waiver and Release Form Liability

I agree not to bring any claim, demand, and/or cause of action of any nature whatsoever against Heartland Orthopedic Specialist, or any member, officer, employee or agent for any loss, damages, and injuries including: 1) any known and unknown, foreseen and unforeseen bodily injury, 2) loss of life, and 3) any attorney's fees at trial and appellate levels, and costs, expenses, or charges sustained, directly or indirectly, or alleged to have been sustained, or in any fashion arising from, in connection with, or resulting from the athlete's participation in or association with Heartland Orthopedic Specialists - A Service of Alomere Health. By participating in PEAK PERFORMANCE Program, you acknowledge and agree that your pre and post data may be used for scientific research and your photo may be used in future promotional materials.

Indemnity

Further, I will indemnify and hold harmless Heartland Orthopedic Specialists – A Service of Alomere Health or any member, officer, employee or agent from and against any claim, demand, and/or cause of action of any nature whatsoever, brought by or on behalf of the Athlete or any member of the Athlete's family, including, but not limited to the Athlete's mother, father, brother, sister, or grandparents, or any lawful blood descendants of the Athlete for any loss, damages, and injuries including: 1) any known and unknown, foreseen and unforeseen bodily injury, 2) loss of life, and 3) any attorney's fees at trial and appellate levels, and costs, expenses, or charges sustained, directly or indirectly, or alleged to have been sustained, or in any fashion arising from, in connection with, or resulting from the athlete's participation in or association with the Athletic Performance Programs. This agreement is binding upon my heirs, successors, or assignees. It may not be modified orally and a waiver of any provision shall not be construed as a modification of any other provision herein or as consent to any subsequent waiver or modification.

I UNDERSTAND THAT THIS CONSENT CAN BE REVOKED AT ANY TIME IN WRITING EXCEPT TO THE EXTENT Heartland Orthopedic Specialists - A Service of Alomere Health HAS RELIED ON IT.

Release/Waiver Signature		
Signature (Legal Guardian)	Print Name (Legal Guardian)	Date

Return to:
Heartland Orthopedic Specialists
111 17th Ave East, Suite 101
Alexandria, MN 56308

Questions? Call (320) 424-3051 or E-mail dcmalo@heartlandorthopedics.com