Avera Sports Institute

Avera McKennan Acceleration
Informed Consent

FRAPPIER ACCELERATION

The Avera McKennan Acceleration sports training program is a high intensity training system designed to develop and maximize an athlete's potential. To insure proper training recovery and achieve maximum results, it is strongly recommended that Acceleration Training be completed during an off-season or pre-season period—not during an in-season period that includes practices and/or events. Attempting to complete the training program while also participating in other sports-related activities may potentially result in one or more of the following:

Over-training related injuries
Reduction of results
Weekly/daily time constraint issues
Incompletion of training program (due to start of sport season)

Avera Sports Institute(ASI) **Avera McKennan Acceleration** **Frappier Acceleration Sports Training (FAST)** **John Frappier, Exercise Physiologist**	}	Hereafter referred to as The Group

Please read the accompanying information regarding the evaluation process, equipment usage, program participation, additional policies and medical history. If you have any questions, please ask.

1. **MY PARTICIPATION IS VOLUNTARY** and I may withdraw at any time from the evaluation or program. The benefits to be derived from participation in the evaluation(s) include knowledge of my athletic performance ability/fitness level. The benefits to be derived from participation in the program include the potential enhancement of my athletic performance/fitness level.

2. Evaluation and program participation will be supervised by Avera McKennan Acceleration staff.

3. **I HEREBY CONSENT TO AND PERMIT THE GROUP** to use the data obtained in reports and publications, but my identity will not be associated with such reports unless I have given specific written permission to do so. I do specifically consent to and permit The Group to use my name, voice and likeness (including photographs and video) as well as any testimonials in connection with ASI and Acceleration.

4. I understand that participation in the evaluation and training programs should not result in physical injury to me. However, I acknowledge the following:

   IN THE EVENT OF PHYSICAL INJURY RESULTING FROM THE EVALUATION PROCEDURES, EQUIPMENT USAGE, OR TRAINING PROGRAM, NO MEDICAL TREATMENT OR MONETARY COMPENSATION WILL BE PROVIDED BY THE GROUP. I MUST FIRST LOOK TO MY OWN HEALTH INSURANCE POLICIES.

5. I acknowledge that The Group is relying on all information provided by me regarding my medical history and condition before allowing me to participate in any evaluation or program. I certify the information provided to be true and correct.

Additional Information

Training Fees and Program Length _____ Participant initials

Training fees are to be paid IN FULL no later than the first training session and become NON-REFUNDABLE at that time. The program is designed to be completed in 6-12 weeks in order to achieve optimal results. **If after 90 days (13 weeks) training sessions are not completed, any remaining training sessions will be forfeited. Sessions can not be carried over for future training programs.** If failure to complete the training program is due to injury or physician advice, arrangements to extend your training must be made and approved prior to the 90 day expiration date. If failure to complete the training program is due to competitive athletic season constraints, **no refunds will be given.**

Facility Access _____ Participant initials

In order to create an optimum training environment and ensure athlete and public safety, only athletes enrolled in Avera McKennan Acceleration sports training programs are allowed in the training area. For those parents, siblings, and friends choosing to accompany an athlete during his or her workout, we kindly ask that you remain in the ASI lobby during the training session.

Additional Information

Parking Access _____ Participant initials

Parking lots are provided on both the east and west sides of the Avera Sports Institute. When utilizing the west parking lot, please follow the sidewalk along the south side of the dome to the front entrance

Failure to show for an appointment _____ Participant initials

If a participant fails to show for a scheduled training session, they will forfeit a paid session. For example, if you have for 12 sessions you will only receive eleven (11); the twelfth (12) session will be eliminated from your program.

Cancellation Policy _____ Participant initials

If at all possible, cancellations should be made one day (24 hours) in advance. If not, the athlete may have to forfeit the session. If we can fill your appointment session with someone else, we will not delete the cancelled session from your training program. Please try to call as early as possible if you find it necessary to cancel a same day appointment. The will lessen the possibility that you will have to forfeit a paid session.

Late for a scheduled appointment _____ Participant initials

Five (5) to fifteen (15) minutes late for a training session will result in a modified, i.e. shortened, training session in order for our staff to remain on schedule for following appointments. Over fifteen (15) minutes late results in forfeiture of that training session.

Health History

It is very important that you give us accurate and complete information about your medical history as treatment, training programs and/or training procedures recommend will be based on such information.

1. Have you or any immediate family members had any of the following (circle if yes):

Bronchitis	Self	Family	Hypertension	Self	Family
Hypotension	Self	Family	Asthma	Self	Family
Heart Attack	Self	Family	Pneumonia	Self	Family
Angina	Self	Family	Heart Murmur	Self	Family
Rheumatic Fever	Self	Family	Tuberculosis	Self	Family
Arrhythmia	Self	Family	Heartburn	Self	Family
Aneurysm	Self	Family	Vertigo	Self	Family
Diabetes	Self	Family			

2. Please list any sports-related musculoskeletal injuries you have experienced (include dates if possible)
3. Has any immediate family member had cardiac or pulmonary surgery? No Yes Please specify.
4. Are you currently taking or presently under any medications? No Yes Please specify.
5. Have you ever been advised by a physician to avoid any type of exercise? No Yes Please specify.
6. Have you ever had difficulty breathing? No Yes Please specify.
7. Have you ever experienced fainting or dizzy spells? No Yes Please specify.
8. Do you smoke? No Yes If yes, how much?
9. Are you currently participating in a regular exercise program? No Yes What type?
10. Is there any health condition that might limit your participation in a fitness program? No Yes Please specify.

_____

Signature of Participant

_____ _____

Printed Signature of Participant *Date*

*The participant is under the age of 18 years. I have viewed the information provided and certify it to be true and correct. I represent that we currently have medical insurance and I consent to participating in evaluations and programs.

_____ _____

Signature of Parent or Guardian (if participant is under 18) *Date*