

Roving Athletic Training Service, LLC

This form is for individuals seeking athletic training services from Roving Athletic Training Service, LLC. Please read this document carefully and sign where indicated to acknowledge your understanding and consent.

Nature of Services:

I, the undersigned, understand that Roving Athletic Training Service, LLC provides athletic training services, which may include but are not limited to injury prevention, evaluation, treatment, and rehabilitation. I acknowledge that Roving Athletic Training Service, LLC is not a licensed medical doctor, and the services provided are not a substitute for professional medical care.

Acknowledgment of Athletic Trainer's Role:

I understand that Roving Athletic Training Service, LLC is an athletic trainer, specializing in the prevention, management, and rehabilitation of injuries related to physical activity. The services provided by Roving Athletic Training Service, LLC are aimed at enhancing athletic performance, preventing injuries, and promoting overall well-being.

Limits of Athletic Trainer's Expertise:

I acknowledge that Roving Athletic Training Service, LLC is not a licensed physician, and the athletic training services provided do not include medical diagnosis or treatment. In the event of a medical emergency or if I require medical diagnosis or treatment beyond the scope of athletic training, I agree to seek the services of a licensed healthcare professional.

Consent for Services:

I voluntarily consent to receive athletic training services from Roving Athletic Training Service, LLC. I understand the nature of these services and the limits of the athletic trainer's expertise. I acknowledge that I am responsible for informing Roving Athletic Training Service, LLC of any pre-existing medical conditions, allergies, or medications that may impact the provision of services.

Release of Information:

I authorize Roving Athletic Training Service, LLC to communicate with other healthcare professionals or entities involved in my care, as necessary, to facilitate the provision of athletic training services.

Confidentiality:

I understand that the information shared during the course of athletic training services will be kept confidential, except as required by law or in situations where disclosure is necessary to protect my well-being.

Acknowledgment of Receipt:

I have received a copy of this consent form for my records.

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_