

**Consent for Treatment**

The purpose of the Health & Wellness Program is to identify health related issues as they pertain to the drum corps activity and improve the overall physical wellness of the BD Performing Arts membership.

During the season various members of the Health & Wellness team, including but not limited to physical therapists, physical therapist assistants, physicians, athletic trainers, massage therapists, chiropractors, exercise science specialists, kinesiologists, nurses, nutritionists, body workers, researchers, and statisticians, may be working closely with you regarding health-related issues. Members of the team may evaluate and/or treat chronic or acute impairments or functional limitations as they affect your ability to perform your given role in the production. Evaluation may include examination, screenings, tests/measures, assessment and diagnosis. Treatment may include exercise prescription, physical training programs, rehabilitative procedures, mobilizations, stretching, massage, taping, modalities, and use of other physical agents such as muscle rub cream. You are expected to cooperate fully with the evaluations, training programs, and treatment programs designed for you.

There are certain inherent risks involved with Health & Wellness program because you will be asked to exert effort and perform activities with increasing degrees of difficulty which could increase pain or discomfort or aggravate an existing condition. It is your responsibility to inform the Health & Wellness team of any known conditions that may affect your ability to perform such tasks.

Because of the nature of services provided, members of the Health & Wellness team may be working hands on with your body. The team will consider your modesty at all times, however if you feel uncomfortable at any time it is your responsibility to inform the Health & Wellness team.

Based on the above information, I agree to cooperate fully, to participate in all program evaluations and procedures, and to comply with the training and treatment programs established for me by the Health & Wellness team. I have read and understand the risks involved and nature of the program and hereby give my consent.

**Consent for Release**

I, the signee, hereby authorize BDPA and the BDPA Health & Wellness Program, as well as any and all personnel representing BDPA and the BDPA Health & Wellness Program, including but not limited to physical therapists, physical therapy assistants, physicians, athletic trainers, staff personnel, technicians, massage therapists, chiropractors, exercise science specialists, kinesiologists, nurses, nutritionists, body workers, researchers, and statisticians to release information regarding my medical condition, including but not limited to type and severity of injury/condition, prognosis, diagnosis, participation status, and related personally identifiable information.

I understand that BDPA and the BDPA Health & Wellness Team may use or disclose my personal health information for the purposes of creating and carrying out training programs, providing treatment, performing research, data collection, consulting with health care providers and communication with any personnel possessing reasonable involvement and interest in the health and wellness of the entire drum corps community.

I, the signee, also authorize BDPA and the BDPA Health & Wellness Program to use my protected health information for any and all media, advertising, promotional purposes, fund raising, targeted marketing and/or solicitation of participation in research studies.

I, the signee, am voluntarily choosing to participate in the drum corps activity with BDPA and understand that giving authorization/consent for the disclosure of this health information is a condition for my participation in BDPA.

I, the signee, agree that once information is disclosed by BDPA and/or the BDPA Health & Wellness Program to a third party, BDPA and the BDPA Health & Wellness Program, including all of its team members, are no longer liable for any further disclosure of the health information by the third party.

**X**\_\_\_\_\_  
Student Signature\_\_\_\_\_  
Print Name\_\_\_\_\_  
Date\_\_\_\_\_  
Parent/Guardian Signature\_\_\_\_\_  
Print Name and Relationship\_\_\_\_\_  
Date

(A parent or legal guardian must sign if the student is under 18 years old.)