



BAPTIST SPORTS MEDICINE

PARENT SECTION

RELEASE AND ACKNOWLEDGEMENT FOR STUDENTS UNDER EIGHTEEN YEARS OF AGE

On behalf of _____ (the patient), I, _____, the patient's parent, managing conservator, legal guardian or other person with legal responsibility for the care of the patient acknowledge:

- (A) That Christian Balldin, M.D., Josh Bell, M.D., Robert Hartzler, M.D., Phillip Jacobs, M.D., Bryan Kaiser, M.D., Jaime Lynch, M.D., Eloy Ochoa, M.D., Christopher Phelps, M.D., Patrick Simon, M.D., and Casey Taber, M.D., the healthcare practitioner(s), and any physician assistant or nurse practitioner assisting him/her is conducting a physical examination or medical screening that is not administered for or in expectation of compensation; and
- (B) The healthcare practitioner is immune from civil liability for any act or omission resulting in the death or injury to the patient from or in connection with the physical examination or medical screening being performed.

Signed this ___ day of _____, 2017.

Printed Name

Email Address

Signature

ATHLETE SECTION

I, _____, the patient, acknowledge:

- (A) That Christian Balldin, M.D., Josh Bell, M.D., Robert Hartzler, M.D., Phillip Jacobs, M.D., Bryan Kaiser, M.D., Jaime Lynch, M.D., Eloy Ochoa, M.D., Christopher Phelps, M.D., Patrick Simon, M.D., and Casey Taber, M.D., the healthcare practitioner(s), and any physician assistant or nurse practitioner assisting him/her is conducting a physical examination or medical screening that is not administered for or in expectation of compensation; and
- (B) The healthcare practitioner is immune from civil liability for any act or omission resulting in the death or injury to the patient from or in connection with the physical examination or medical screening being performed.

Signed this ___ day of _____, 2017.

Printed Name

Signature