



**DAVID BRALEY
SPORT MEDICINE AND
REHABILITATION CENTRE**



I understand that The David Braley Sport Medicine and Rehabilitation Centre and my treating professionals have taken all reasonable precautions to minimize the risk of exposure to COVID-19. Despite these precautions, I understand there is no way to eliminate the risk completely.

I consent to treatment and do not hold the David Braley Sport Medicine and Rehabilitation Centre and their associates liable if I should contract COVID-19.

Print Name: _____ Date of Birth: _____
the "Participant" (mm/dd/yyyy)

Print Name: _____
the "Guardian" (if Participant is a minor)

Signature: _____ Date: _____
Participant or Guardian for minor (mm/dd/yyyy)

"ACHIEVING EXCELLENCE IN SPORT MEDICINE AND ORTHOPEDICS"