

CURRENT SCHOOL: \_\_\_\_\_



## Pre-Participation Physical Exam Release

### **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 the licensed and duly credentialed physician providers of Sports Medicine Associates of San Antonio (SMASA), any resident or fellowship trained physicians assisting them, the health care practitioner(s), and any physician assistant, athletic trainer or nurse practitioner assisting each of them are conducting a physical examination or medical screening that is not administered for or in expectation of compensation; and

(B) the health care practitioner is immune from civil liability for any act or omission resulting in the death of or injury to the patient from or in connection with the physical examination or medical screening being performed.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.



\_\_\_\_\_  
Name Printed:

\_\_\_\_\_  
Scan the QR: Email Address and School

\_\_\_\_\_  
Signature:

### **RELEASE AND ACKNOWLEDGEMENT FOR STUDENTS OVER EIGHTEEN YEARS OF AGE**

I, \_\_\_\_\_, (the patient) acknowledge:

(A) ) That the licensed and duly credentialed physician providers of Sports Medicine Associates of San Antonio (SMASA), any resident or fellowship trained physicians assisting them, the health care practitioner(s), and any physician assistant, athletic trainer or nurse practitioner assisting each of them are conducting a physical examination or medical screening that is not administered for or in expectation of compensation; and

(B) the health care practitioner is immune from civil liability for any act or omission resulting in the death of or injury to the patient from or in connection with the physical examination or medical screening being performed.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.



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Signature: