



CONSENT FOR EVALUATION & ASSESSMENT

I _____ hereby authorize Minnesota Dance Medicine Foundation (MDMF) and its representatives to (a) administer orthopedic screening tests, evaluations, and treatments, which may include but are not limited to postural assessment, manual muscle testing, flexibility testing, and functional testing, (b) to recommend exercises, treatments and/or follow-up referrals for the treatment and prevention of injuries and general wellness guidelines, and (c) to use any information received (on a no-names basis) in connection with such evaluation and assessment for medical research purposes.

I UNDERSTAND THAT MDMF IS A NON-PROFIT ORGANIZATION, AND IS PROVIDING THIS EVALUATION & ASSESSMENT FREE OF CHARGE. I AGREE THAT I AM A VOLUNTARY PARTICIPANT, AND THAT ALL TREATMENTS AND EXERCISES ARE UNDERTAKEN AT MY OWN RISK. I AGREE TO HOLD MDMF AND ITS REPRESENTATIVE HARMLESS FOR ANY INJURY OR HARM THAT RESULTS FROM THIS EVALUATION & ASSESSMENT AND ANY RECOMMENDATIONS PROVIDED.

I do not want my services billed to an insurance company, and will not do so myself. I understand that any donation to MDMF is at my discretion and is fully tax deductible.

I have read and fully understand this consent, and all of my questions have been fully answered. This form was completely filled out before I signed.

Name: _____

Address: _____

Phone: _____ E-Mail _____

SIGNATURE: _____

DATE: ____/____/____ BIRTHDATE: _____

IF PARTICIPANT IS A MINOR, PARENTAL CONSENT IS REQUIRED

NAME OF PARENT: _____

SIGNATURE OF PARENT: _____

DATE: ____/____/____

Adapted with permission from the Harkness Center For Dance Injuries