



## York University Athletic Therapy Certificate Program Consent and Release Form

I understand that the York University Athletic Therapy Certificate Program students and certified Athletic Therapist are providing athletic therapy services within their scope of practice as defined by the Canadian Athletic Therapists Association (CATA). I understand that the CATA scope of practice includes athletic therapy services such prevention, assessment, intervention, practice management and professional responsibility.

### CONSENT FOR COMMUNICATION/RELEASE OF INFORMATION

It may be necessary for the Program to communicate with others involved in my care. By initialing below, I authorize the Program to communicate with the following parties with respect to my care (Please initial next to those that apply):

Physicians(s) \_\_\_\_\_ initials  
Other (please specify) \_\_\_\_\_ initials \_\_\_\_\_

I, \_\_\_\_\_, hereby consent to the following treatment:  
(Patient's name or name of substitute decision maker)

### CONSENT FOR ASSESSMENT AND TREATMENT

An athletic therapy treatment involves an orthopedic assessment and treatment. Treatment includes but is not limited to rehabilitative techniques such as manual therapy, stretching, electrical modalities, heat/cold therapy, strengthening exercises, and emergency first aid.

The treatment will be performed by Program students supervised by a certified Athletic Therapist.

The treatment length will vary depending on the extent of the injury.

This treatment aims to minimize the length of time needed for injury recovery, prevent further injury from occurring, and improve overall function and performance of the injured area.

### DISCLAIMER

The Board of Governors of York University, their officers, directors, agents, contractors, employees, volunteers, members, students, and representatives of the Program all hereunder collectively referred to as "the Released Parties") are not responsible for any injury, loss or damage of any kind sustained by any person while participating in the assessment and treatment as stated above provided through the Released Parties, including injury, loss or damage which might be caused by the negligence of the Released Parties.

I am aware that participating in the Event has some inherent risks. Some potential risks or side effects of the treatment could include, but are not limited to, minor pain, swelling or stiffness around the injured area, temporary decreased function and/or contusion to the injured area, muscle strain or ligament sprain, muscle soreness, nausea, and fainting/syncope.

The patient has the right to seek care from other medical practitioner(s).

Not receiving treatment could potentially lead to the injured structure(s) taking longer to heal and a slower return to play/function/performance.

I have understood the explanation and I have had the opportunity to ask questions.

I have been told that I may withdraw my consent to treatment at any time or ask for a reassessment.



## RELEASE

I hereby release the Board of Governors of York University, their officers, directors, agents, contractors, employees, volunteers, members, students, and representatives from any and all losses, liabilities, damages, injuries including death, and any other liability of any kind including negligence, howsoever arising out of or in connection with my participation in the assessment and treatment and I hereby waive all claims, demands, lawsuits, costs, and expenses I may incur including legal fees and disbursements.

My consent and release is given voluntarily.

\_\_\_\_\_  
Date

Student's Name:

\_\_\_\_\_  
Signature of patient/guardian

\_\_\_\_\_  
Print name of patient/guardian

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Print name of Witness