

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 David R. Schmidt, M.D., Ralph J. Curtis, M.D., Paul S. Saenz, D.O., Timothy S. Palomera, M.D., Marque Allen, DPM, Richard T. Steffen, M.D., Eliot Young, M.D., Robert G. Girling, M.D., Geoffrey P. Glebus, D.O., Hector Lopez, M.D., Lindsay Stephens, D.O., Hugo Salazar, M.D. and Dan Santa Maria, M.D. 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:

Email Address:

Signature:

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I, _____, (the patient) acknowledge:

(A) that David R. Schmidt, M.D., Ralph J. Curtis, M.D., Paul S. Saenz, D.O., Timothy S. Palomera, M.D., Marque Allen, DPM, Richard T. Steffen, M.D., Eliot Young, M.D., Robert G. Girling, M.D., Geoffrey P. Glebus, D.O., Hector Lopez, M.D., Lindsay Stephens D.O., Hugo Salazar, M.D. and Dan Santa Maria, M.D. 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:

Email Address:

Signature: