

**AT DIRECT SPORTS MEDICINE, LLC**

**REFUSAL OF TREATMENT AND RELEASE**

The undersigned athlete (or parent/guardian of the athlete, as applicable) acknowledges that he/she has been offered the services of AT Direct Sports Medicine, LLC, its employees or sub-contractors, for purposes of evaluation, treatment, and/or transport in connection with injuries or potential injuries sustained during participation in the athletic event specified below, and has voluntarily refused those services.

The undersigned athlete or parent/guardian acknowledges and understands that refusing evaluation, treatment, or transport, can result in potential harm due to the lack of care that would have been provided or recommended absent such refusal. Therefore, the undersigned athlete or parent/guardian hereby releases AT Direct Sports Medicine, LLC, its employees or sub-contractors, the organization holding the specified athletic event, and all supporting personnel from any and all liability arising from injuries or complications sustained as a result of such refusal.

**ATHLETE OR PARENT/GUARDIAN COMPLETE THE FOLLOWING:**

I refuse (check all that apply):      \_\_\_ Evaluation      \_\_\_ Treatment      \_\_\_ Transport

Athlete's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian Name (if applicable): \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

*By signing below, I acknowledge I have been offered the evaluation, treatment, and/or transport services described herein. I have been advised of the recommendation of the athletic trainer, and advised of the potential consequences of refusing evaluation, treatment, or transport services, and I voluntarily refuse such services.*

**Athlete or Parent/Guardian Signature** \_\_\_\_\_

**ATHLETIC TRAINER COMPLETE THE FOLLOWING:**

Event: \_\_\_\_\_ Date: \_\_\_\_\_

Injury Date (if different from above): \_\_\_\_\_

Description of Injury: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ATC Impression: \_\_\_\_\_

\_\_\_\_\_

ATC Recommendation and Describe Potential Complications of Refusal (*read to athlete or parent/guardian before obtaining athlete or parent/guardian signature above*): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Athletic Trainer Name**

\_\_\_\_\_  
**Athletic Trainer Signature**

\_\_\_\_\_  
**Date**