

Dear Parents:

I would like to inform you of an exciting new program Drayer would like to offer your athletes to help improve their physical performance while reducing the risk of injury. The program is called S.K.I.P. and stands for Successful Knee Injury Prevention.

The program was originally designed to help reduce the incidence of serious knee injuries, including ACL tears, in female athletes. Along with reducing the risk of injuries, the participants also demonstrated significant improvements in their vertical jump, speed, agility and power. Therefore, this program is beneficial for both the female and male athletes.

S.K.I.P. is offered by Drayer Physical Therapy Institute with the ultimate goal to unlock your child's athletic potential in a progressive and injury free-environment while striving to enhance their sports performance and reduce injury.

The program consists of meeting twice a week at the school for 6 weeks. During these bi-weekly sessions we develop your child's speed, agility, quickness, strength and power, with emphasis placed on proper jumping and landing technique and quality NOT quantity. Below is a break down of the program.

**Six Week Program/two sessions per week**

<b>Evaluation</b> Athletic Assessment	1 session
<b>Workouts</b> (2 days per week x 6 weeks) <i>Includes flexibility, jump training, speed, agility, quickness, strength, core and conditioning</i>	12 sessions
<b>Reassessment/Testing</b> Athletic reassessment	1 session
	Total 14 sessions

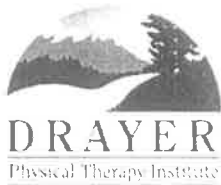
\*All athletes **MUST** bring the **SIGNED** consent form on the first day to participate.

We will start the week of **May 15<sup>TH</sup>** and complete the program the week of June 19<sup>th</sup>. If you have any questions or concerns please contact me at [aschutte@drayerpt.com](mailto:aschutte@drayerpt.com) or 937.728.2160.

We look forward to helping your child to unlocking and maximizing their athletic potential while assisting to reduce the possibility of a serious injury.

**Start Date: May 15<sup>th</sup>**

Amanda Schutte, AT, ATC  
Head Athletic Trainer  
Blanchester High School  
Go Wildcats!



## Injury Prevention Program Release and Indemnification

I wish to participate in the Injury Prevention Program ("the Program") offered by Drayer Physical Therapy Institute ("DPTI"). The Program runs for multiple weeks during which a DPTI representative will provide an evaluation and balance testing with respect to both my legs and upper body and a series of functional movement tests involving squats, hurdles, lunges, shoulder mobility, leg raises, core stabilization exercises and rotary stabilization involving both flexion and extension. The Program will involve a variety of exercises and use of equipment. I acknowledge and understand the Program does not constitute medical or physical therapy services, professional treatment or professional health care. The Program is done solely for recreational purposes. There are no necessities of my circumstances that compel or force me to accept this Release and I am granting this Release of my own free choice. I acknowledge and agree that no professional provider-patient relationship has been or will be established between DPTI and myself with respect to the Program. I expressly waive my rights to assert the existence of any legal duty of care against DPTI, its owners, members, subsidiaries, affiliates, officers, employees and agents concerning the Program.

In consideration for being allowed to participate in the Program through DPTI, I release and forever discharge DPTI, its owners, members, subsidiaries, affiliates, officers, agents, employees, servants, successors and assigns and agree to hold each harmless and forever release and discharge them from any claims, damages, losses, causes of action, disputes, demands, liability, costs, expenses (including without limitation expert witness fees and other court costs) and attorneys' fees, of any nature whatsoever whether known or unknown, suspected or unsuspected, past, present or future, whether in contract or tort, whether for negligence, professional malpractice, ostensible or apparent agency, negligent referral, lack of informed consent, misrepresentation, fraud, breach of confidentiality, breach of privacy or any other action or cause of action at law or in equity, on account of injuries known or unknown, present or future, sustained or allegedly sustained by me or in any way arising out of the Program, or as a result of any injury sustained in any athletic event following the Program.

I understand and am aware that strength, flexibility and aerobic exercise, including the use of equipment relating to the Screen involve potentially hazardous activities. I also understand that Program -related activities involve risk of injury and even death, and that I am voluntarily participating in the Program and using equipment with knowledge of the dangers involved. I acknowledge there are no guarantees that I will receive any benefits from this Program.

I agree that this Release and Indemnification applies to myself, my parents if I am a minor, my heirs, executors, administrators, successors and assigns. I intend to be legally bound hereby.

WITNESS:

\_\_\_\_\_  
Printed Name of Person Engaging in Injury Prevention Program

\_\_\_\_\_  
Name of Parent or Guardian if Screen Participant is a Minor

DATE: \_\_\_\_\_

\_\_\_\_\_  
Signature of Participant or Parent/Guardian