



CHILDREN'S HEALTHCARE OF ATLANTA ("Children's")
VIDEO UPLOAD MOTION ANALYSIS WAIVER

I, _____, the undersigned Parent/Legal guardian of
[Print name of Parent/Legal Guardian]

_____, who will be participating in Children's Video Upload Motion
[Print name of Athlete]

Analysis Program (the "Program"), agree with the following:

- The Athlete does not have any current injuries;
- The analysis will consist of an upper/lower body assessment of range of motion and strength as it pertains to the Athlete's sport prior to video analysis. Children's physical therapists reserve the right to recommend consultation with a physician if he/she determines this is necessary;
- Video analysis shall be performed by a physical therapist, and may include cues/tips based on mechanics, live analysis, and/or before and after comparisons;
- Video analysis will be provided via DartfishTV. Parent/Legal Guardian must accept DartfishTV's Terms of Service upon creation of an account with DartfishTV. Videos are privately shared and only accessed via the Parent/Legal Guardian's account;
- An individualized home exercise program will be created and distributed to the Athlete based on mechanical errors found during the analysis;
- Legal Guardian takes full responsibility for any and all possible injury, illness sustained by Athlete in the performance of any and all exercises;
- Legal Guardian certifies and attest that his/her health insurance will cover all medical and hospital expenses that Athlete might incur as part of the Program;
- Legal Guardian agrees to inform Children's of any activities in which Athlete cannot participate in during the Program.

I, the undersigned Parent/Legal Guardian of Athlete, for himself and on behalf of the minor child, his or her heirs, executors, administrators and assigns, hereby releases and holds harmless Children's, its employees officers, directors, agents and assigns from any and all liability, actions, causes of action, suits, claims or demands for any personal injury, property damages, loss or expense incurred, by me due to my participation in this Program.

I, the undersigned parent/legal guardian/family member, for himself and on behalf of the minor child, his or her heirs, executors, administrators and assigns, hereby indemnifies Children's its employees, officers, directors, agents and assigns against any and all manners of actions, causes of actions, claims, demands, damages, liability or expense of any kind and nature incurred or arising from any actual or alleged wrongful act or omission, negligent or intentional, of the undersigned due to my participation in this Program.

I, the undersigned hereby certify that I fully understand the nature of and appreciate the risk(s) involved with Athlete participating in the Program and agree to participate at our own risk.

(Signature of Parent/Legal Guardian)

(Date)

Print Name: _____

Relationship to Athlete: _____

Address: _____

Telephone Number _____