

CORE'ORDINATES CARE INC.
SPORTS PHYSICAL RELEASE OF LIABILITY

I HEREBY GIVE MY CONSENT FOR THE SPORTS PHYSICAL CONDUCTED BY APRN, KIM CAMPBELL RUGUARU DBA CORE'ORDINATES CARE INC. THE ATHLETE WILL VOLUNTARILY ENGAGE IN PHYSICAL ACTIVITY DURING 2022-2023.

WHICH CONTAINS INHERENT RISK OF PHYSICAL INJURY AND THE UNDERSIGNED ASSUMES ALL RISK, INDEMNITIES, AND RELEASES KIM CAMPBELL RUGUARU DBA CORE'ORDINATES CARE INC, AGENTS, VOLUNTEERS, AND EMPLOYEES AS WELL AS ANY 3RD PARTY FACILITY OWNERS, MANAGERS, STEWARDS, FROM ANY AND ALL LIABILITIES FOR PERSONAL INJURY AND/OR PROPERTY DAMAGE ARISING OUT OF THE CAMPER'S PARTICIPATION IN SPORTS/ATHLETIC PROGRAM. IF AT ANY TIME IT IS NECESSARY FOR THE ATHLETE TO RECEIVE OUTSIDE REFERRALS AND FOR NOTED CONDITIONS/ INJURIES OR FOLLOW UP AS LISTED ON THE SPORTS PHYSICAL EXAM FORM, THE ATHLETE, ATHLETIC DIRECTOR (AND OR PARENT FOR MINORS) WILL SEEK THE APPROPRIATE PROFESSIONAL MEDICAL ATTENTION, PRIOR TO ENGAGING FURTHER IN ANY SPORTS ACTIVITIES. THE ATHLETE AND COACHING STAFF WILL COMMUNICATE AND FOLLOW ALL RECOMMENDATIONS TO RECEIVE CLEARANCE FOR SPORTS ACTIVITIES. THE INDIVIDUAL ATHLETE WILL SECURE THE SERVICES AND ARRANGE THE TRANSPORTATION IF DEEMED NECESSARY.

FOR MINORS TO BE COMPLETED BY PARENT:

I give my consent for the above-named student to receive a physical exam for athletic purposes. I agree to be responsible for recommended follow up with primary care provider, pediatrician, or other specialist due to any abnormalities or exam failure. I further agree to release and hold Core'Ordinates Inc, staff, agents harmless from all liabilities and claims whether known or unknown arising out of, in connection to, or related to this general physical exam.

Please Print:

Signature: _____ Date: _____

KIM CAMPBELL-RUGUARU APRN, MSN, FNP-C:

_____ Date: _____