

**Authorization for Release by Mid-America Orthopedics, L.L.C.
of Protected Health Information of Student athlete Participating
in Unified School District 264, Clearwater, Athletics Programs
(this "Authorization")**

Once properly signed, this Authorization will allow for the release of protected health information to the Unified School District 264, Clearwater (the "District"), local/individual school personnel of the District, and the individual members of each of its athletic departments, specifically, its coaches, certified athletic trainers, and administrators (collectively, the "District Athletic Program") by certified athletic trainers, physicians, and other health care providers ("MAO Provider(s)") employed, or engaged as contractors, by Mid-America Orthopedics, L.L.C. ("MAO"), who are rendering services to District student athletes. The purpose of the release of the protected health information is to allow the District Athletic Program to determine the advisability of a student athlete's participation in District athletics. An example would be the release of a screening physical examination.

By signing this Authorization for myself, my son, daughter or other person for whom I have legal authority to act, as applicable (hereinafter referred to as the "Athlete"), I hereby authorize MAO Providers that are contracted with the District to release to the District oral and written medical information relating to the Athlete's medical or physical condition, illness or injury that may have a bearing upon past, present, or future participation in athletics associated with the District. The medical information should be used by the District Athletic Program for the purpose of determining the advisability of the Athlete's participation in District athletics.

This Authorization is expressly bound by all the following conditions:

This Authorization will automatically expire upon the Athlete's termination of participation or ineligibility in District athletics, except to the extent relied upon for disclosures made prior to the automatic expiration.

This Authorization may be revoked at any time, provided the revocation is a properly executed written document and delivered to the _____ Athletic Director _____ for the District. As soon as practicable, the District shall inform MAO of each Athlete's revocation. However, any such revocation shall not affect disclosures made by a MAO Provider prior to MAO's receipt of the revocation from the District. In addition, such revocation shall not affect disclosures made prior to the receipt of the revocation to the extent that this Authorization was relied upon for such disclosures.

This Authorization is not intended to alter the Athlete's ability to receive medical care from any health care provider regardless of whether this Authorization is agreed to or refused.

The Athlete and Parent/Guardian will receive a complete copy of the signed Authorization.

A copy of this Authorization and any revocation of it will be kept by both the District and MAO.

Protected health information released by the MAO Providers to the District Athletic Program is not protected by this Authorization from re-disclosure by the District Athletic Program.

Date: _____

School: _____

Parent/Guardian Signature*

Printed Name Relationship to Athlete

Athlete's Name - Printed

*This Authorization (and any revocation) must be signed by a parent, guardian, or other person acting in loco parents who has the authority to act on the Athlete's behalf. By signing this form, you as the parent/guardian or party acting in loco parents warrant that you have the legal authority to act on the Athlete's behalf. The signature may be only the Athlete if the Athlete is over 18 years of age or legally emancipated person.

**Release of Mid-America Orthopedics, L.L.C.
by Student Athlete Participating in
Unified School District 264, Clearwater, Athletics Programs
(this "Release")**

Student Athlete's Name _____

School _____

Sport(s) _____

By signing below, I understand:

1. The rules and procedures of the sport(s) listed above and am aware of the risks involved in playing them.
2. The necessity of using the proper techniques and protective equipment (when needed).

I recognize that there are inherent risks in all athletic events, including, without limitation, head and spinal cord injuries, fractures, internal injuries, and/or death, and choose to accept such risks.

I hereby release and hold harmless Mid-America Orthopedics, L.L.C. ("MAO") and MAO's certified athletic trainers, physicians, and other health care providers employed, or engaged as contractors, by MAO ("MAO Provider(s)") from any and all responsibility and liability for any injuries, losses, and/or damages sustained by me, my son/daughter, or other person for whom I have legal authority to act, as applicable, while participating in any sports activity associated with the Unified School District 264, Clearwater (the "District"), and agree to take no legal action against MAO and/or MAO Providers because of any accident or mishap involving athletic participation associated with the District.

Date: _____

Parent/Guardian Signature*

Printed Name Relationship to Student Athlete

Student Athlete's Name - Printed

*This Release must be signed by a parent, guardian, or other person acting in loco parents who has the authority to act on the Student Athlete's behalf. By signing this form, you as the parent/guardian or party acting in loco parents warrant that you have the legal authority to act on the Student Athlete's behalf. The signature may be only the Student Athlete if the Student Athlete is over 18 years of age or legally emancipated person.