



Consent to Treat Form for USA Climbing Team Athlete

I _____ give permission for the attending **USA-Climbing Team Physical Therapist** to give _____ (athlete) physical therapy treatment.

- *Physical-therapy services provided by the **designated USA-Climbing Team physical therapist** will be at no cost to the athlete or parent/guardian at events where USA Climbing permits or requests the physical therapist’s attendance. Such events include IFSC World Cups, and Open and Youth World Championships. Other events that *may* be included are IFSC Pan American Championships, USA Climbing National Championships and select USAC Training Camps.
- I understand:
 - I have the right to refuse any procedure or treatment.
 - As an adult athlete, I have the right to request private sessions with the therapist in the absence of another adult as long as the treatment is “observable and interruptable” per SafeSport policies. By signing below, you provide consent to have private treatment sessions.
 - As a minor athlete (under the age of 18 years old), another adult must be present at all times during treatment sessions.
 - I have the right to discuss all medical treatments with my clinician.
 - Any requests for physical-therapy services outside the aforementioned events or use of a physical therapist of your choice may require a payment for those services or file for insurance benefits depending on the practice.

Patient’s Signature

Date

Print name

Guardian’s Signature (for athlete under 18 years of age) Date

Print name