**Disablement Model Case Study Release Form**

Release of information for Disablement Model Case Study

Date:

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ freely give my consent for the release of information to be used in this case study being submitted to *Clinical Practice in Athletic Training*. This information includes my medical history, injury, treatment interventions, patient commentary and rehabilitation.

Author(s):

Title:

I understand that this information may be used in publication and that my name will remain confidential.

By checking this box I certify that I wrote the patient commentary and give the aforementioned authors the permission to use this in the publication.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_