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**RELEASE OF CASE REPORT**

Date \_\_\_\_\_

I \_\_\_\_\_, hereby give my permission for release of information regarding my medical history, injury, surgery, and rehabilitation to be reprinted in a manuscript entitled

“ \_\_\_\_\_

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,” by authors \_\_\_\_\_

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, in the *Athletic Training Education Journal*. I understand that this information may be used in publication and that my name will remain strictly confidential.

\_\_\_\_\_  
Signature of participant

\_\_\_\_\_  
Signature of witness

\_\_\_\_\_  
Name of witness

\_\_\_\_\_  
Signature of primary author