



## **FIT KIDS CONSENT FORM**

### **Informed Consent and Liability Waiver for Participation in Exercise Program**

I agree and I consent to the following:

I am voluntarily participating in Fit Kids Summer Program conducted by TeamOrtho under the umbrella of the Greene County General Hospital. I recognize that the program requires physical exertion and may cause physical injury, and I am fully aware of the risks and hazards involved.

I understand it is my responsibility to consult with a physician prior to and regarding my child's participation in the above-mentioned program.

I agree to assume full responsibility for any risks, injuries, or damage known or unknown which my child may incur because of participating in the program. General risk and injury may include, but are not limited to, heart attack, muscle strain, muscle pull, muscle tears, broken bones, shin splints, heart prostration, injuries to knees, injuries to back, injuries to foot, or any other illness or soreness, including death.

I have read the above waiver and release of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

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**Parent / Guardian Signature**

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**Date**

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**Name of kid**

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**Kid shirt size**