



PARENT CONSENT WAIVER FORM RELEASING LIABILITY AND ASSUMING RISK

IMPORTANT NOTE: WAIVER FORM & PAYMENT MUST BE RECEIVED ON or BEFORE CAMP START DATE

This form is an important legal document. It explains the risk you are assuming on behalf of a MINOR by allowing him or her to begin our exercise program. It is very important that you read and understand it completely. After you have done so, please print your name then fill in the spaces provided below.

I, _____, PARENT OF _____, a MINOR, do allow him or her to participate in a program of physical exercise under the direction of **Colletti SportsMed Physical Therapy** which will include, but may not be limited to weight and/or resistance training, flexibility exercises, speed and/or agility drills, and power exercises. I do here and forever release and discharge and hereby hold harmless **Colletti SportsMed Physical Therapy** and their respective agents, heirs, assigns, contractors, and employees from any and all claims, demands, damages, rights and causes of action, present or future arising out of or connected with my MINOR's participation in this or any exercise program, including injuries resulting therefrom.

I recognize that these exercises may be difficult and strenuous and that there could be dangers inherent in exercise for some individuals. I acknowledge the possibility of unusual physical changes during exercise does exist. These changes could include, but not limited to; abnormal blood pressure, fainting, abnormal heartbeat, heart attack, and in rare instances death.

In understand that as a result of my child's participation in any exercise program, he or she could suffer an injury or physical disorder that could result in permanent or partial disability.

I acknowledge that my child is in good physical health and has had a Sport or School Physical within the last 12 months and is a good candidate for this exercise program.

I acknowledge that no warranties or representations have been made regarding the results achieved by participation in this exercise program. I also understand that the results of any exercise program may vary among individuals.

Athlete's signature **Date** **Parent's signature** **Date**

Print Athlete's name **Print Parent's name**

Athlete's Birth Date: ___/___/___ **Gender:** _____ **Sport training for (optional):** _____

Street Address: _____ **CITY:** _____ **STATE:** _____

Phone (primary) (____) ____ - _____ **Phone (secondary)** (____) ____ - _____

eMail* _____

**e-mail will not be shared with any other party*

Emergency Contact Name: _____ **Phone (Emergency)** (____) ____ - _____

Other things we should know about the Athlete: (allergies, health conditions, etc):