

YOUTH FITNESS GAMES

Health Questionnaire / Waiver

KBF Youth Fitness Games Waiver / Emergency Card & Photo Release

Name of participant: _____

Sex: ___M ___F

Date: ___/___/___

Parent/Guardian _____

Address: _____

Phone _____

Parent email: _____ Participant's DOB: ___/___/___

In case of emergency, please notify:

_____ Phone: _____

1. List all current medications:

2. Has your child ever been restricted from physical activity for a medical reason? If yes, please explain:

3. Does your child suffer from pain anywhere?:

The following people have my consent to pick up my child from KBF Youth Fitness Games:

_____ Name/Cell phone

_____ Name/Cell phone

Photo Release: I hereby give permission for images of my child, captured during regular and special activities, through video, camera and digital camera, to be used solely for the purposes of KettleBelle Fitness, LLC promotional material publications and website. I waive any rights of compensation or ownership thereto. Last names of minors will not be given or posted on the Internet or website.

Choose one:

- **Yes**, I give permission for KettleBelle Fitness, LLC to take and use photos of my child(ren) during Youth Fitness Games for promotional purposes.
- **No**, I do not give permission for KettleBelle Fitness, LLC to take and use photos of my child(ren) during Youth Fitness Games for promotional purposes.

KettleBelle Fitness, LLC strongly recommends that you clear your child's participation, in any exercise program, with their pediatrician. KettleBelle Fitness, LLC's services are not a substitute for professional medical advice. All known health and/or medical issues must be cleared by a physician for full participation.

I understand that exercises in these training sessions can be strenuous at times. There is an inherent risk in any exercise program that, while providing great health benefits, can also cause unintentional health issues. While KettleBelle Fitness takes the utmost care to provide the safest program possible, I recognize and understand these training sessions are not without varying degrees of risk. Although extremely rare, these risks can result in critical injuries up to and including death. Negligent and/or accidental acts committed by either my child or another could also cause the same consequences.

I willingly assume full responsibility for any and all risks that I am exposing my child to as a result of their participation in Youth Fitness Games by KettleBelle Fitness, LLC, and accept full responsibility for any injury or death that may result from my child's participation. With my full understanding of the above information, I agree to assume any and all risks associated with my child's participation in this strength and conditioning program.

Release: In full consideration of the above mentioned risks and hazards, I hereby waive, release, remise and discharge Samantha Aldinger, Sarah Dinardi, KettleBelle Fitness, LLC and any agents, officers, principals, employees and volunteers of above-mentioned entities, of any and all liability, claims, demands, action or rights of actions, or damages of any kind related to, arising from, or in any way connected with my child's participation in Youth Fitness Games by KettleBelle Fitness, LLC. I have fully read and fully understand the foregoing assumption of risk and release of liability and I understand that by signing it obligates me to indemnify the parties named from any liability resulting in injury or death. I also take full responsibility for any property damage, injury or death caused by my child whether intentional or unintentional.

I understand that by signing this form I am waiving valuable legal rights and I do so freely.

Name of Minor(s): _____

Name of Parent/Guardian: _____

Parent /Guardian Signature: _____ Date: _____