

Health and Fitness Liability Waiver

I, _____, have voluntarily enrolled my child, _____, in a fitness program offered through the Washington University and St. Louis Children's Young Athlete Center, St. Louis Children's Hospital Specialty Care Center. I recognize that the program may involve physical activity including, but not limited to, core and lower extremity strength focusing on proper alignment and neuromuscular control, and other various fitness activities.

I hereby affirm that my child is in good physical condition and does not suffer from any known disability or condition which would prevent or limit participation in this exercise program. I understand that an examination by a physician should be obtained by anyone prior to commencing a fitness and/or exercise program, or initiating a substantial change in the amount of regular physical activity performed. If I have chosen not to obtain a physician's consent for my child prior to beginning this fitness program, I hereby agree that I am doing so at my and my child's own risk. I understand that my child should only participate in exercises that are appropriate for the current status of his/her health. If I have any questions or concerns about whether or not a particular activity is appropriate for my child's current health status, I understand it is my responsibility to ask a doctor if this activity is appropriate before my child participates in such activity.

I agree not to hold Washington University and St. Louis Children's Young Athlete Center, St. Louis Children's Hospital Specialty Care Center responsible for the actions or omissions of the other program participants. I understand and am aware that fitness activities and use of equipment involve a risk of injury and I am voluntarily allowing my child to participate in these activities. I also understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment, are potentially hazardous activities.

I, _____, hereby release Washington University and St. Louis Children's Young Athlete Center, St. Louis Children's Hospital Specialty Care from any and all claims, costs, liability and expense for any injury, loss or damage whether known, anticipated or unanticipated arising from my child's voluntary participation and enrollment.

I ACKNOWLEDGE THAT I HAVE THOROUGHLY READ THIS FORM IN ITS ENTIRETY AND FULLY UNDERSTAND IT. I UNDERSTAND THAT IT CONTAINS A RELEASE OF LIABILITY. BY SIGNING THIS DOCUMENT, I AM WAIVING CERTAIN RIGHTS I, MY CHILD OR MY SUCCESSORS MIGHT HAVE TO BRING A LEGAL ACTION OR ASSERT A CLAIM AGAINST YOUNG ATHLETE CENTER, CHILDREN'S SPECIALTY CARE CENTER.

Participant/Parent Signature

Date

Young Athlete Center

