



**Starting Line Youth Fitness™ Training Program  
Parental/Informed Consent Form**

Participant Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Gender: M F Age: \_\_\_\_\_ Date of Birth (MM/DD/YY): \_\_\_\_\_

Mother's/Guardian's name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Father's/Guardian's name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email address(es): \_\_\_\_\_

**EMERGENCY CONTACTS (contacted only after efforts to reach parent/guardian fail):**

In case of an emergency, if parent can't be reached, please call (list an adult other than parent):

Contact #1: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Contact #2: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

**MEDICAL INFORMATION: ALL PARTICIPANTS MUST HAVE MEDICAL INSURANCE TO PARTICIPATE.**

**Insurance Information:**

Carrier/Plan Name:

Name of Insured:

Group #:

Relationship to Participant:

Policy #:

**Preferred Hospital Provider:**

Physician's Name:

Phone:

Dentist's Name:

Phone:

**CONSENT AND LIABILITY RELEASE:**

I am the parent or legal guardian of \_\_\_\_\_, a minor ("Participant"). I agree that the Participant may participate in the Starting Line Youth Fitness Training Program. The purpose of the program is to encourage children to participate in regular physical activity through running. I understand that during the program, the Participant will be involved in physical activities and that running is a potentially hazardous activity. Physical reactions to exercise may include heat-related illness, abnormal heartbeats and blood pressure and, in rare instances, events such as heart attacks. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or others, and assume full responsibility for the Participant's participation.

Recognizing the risks of the program, and in consideration for allowing the Participant to participate in the program, I hereby release, discharge and agree to hold harmless, and to indemnify Heart & Sole LLC, Fleet Feet Sports Orlando, Road Runners Club of America, FLEET FEET SPORTS –City of Altamonte Springs, Seminole County, Saucony, its owners, directors, officers, contributors, sponsors, employees, contractors, agents and assigns against and from any causes of action, claims, demands, damages, costs, loss of services, expenses, compensation, all consequential damages and attorneys' fees (regardless whether pursuant to the laws of any county or state) claimed by, through or on behalf of me or the Participant related directly or indirectly to the program, and specifically including any and all claims for personal injuries sustained while participating in program activities without regard to negligence or negligent conditions.

I further authorize and empower the program director, if after a reasonable attempt has been made to reach a parent, guardian, or emergency contact to obtain consent, or if sound medical practice decrees that there is not time to make such an attempt, to consent to and authorize any medical care or treatment for the Participant than may appear reasonably necessary as a result of emergency, accident, or illness of the Participant whether occurring before, during, or after the event. I assume full responsibility for the cost of any treatment given.

I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this for any legitimate purpose.

I also certify that the above registrant has been examined within the last year by a physician and has been determined fit to participate in rigorous athletic activities, including those associated with track and field and cross-country running.

I hereby warrant and represent I have carefully read this consent and agree to its terms and conditions, that before signing this agreement I had the chance to ask questions; and I am aware that by signing this consent, I assume all risks and waive and release certain substantial rights that I and Participant may have or possess against the releasees. To the extent permitted by applicable law, I hereby irrevocably and unconditionally waive trial by jury in any legal action or proceeding related to this agreement.

I have fully read the above permissions and releases, understand them, and I expressly agree to them. If any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I hereby certify that there are no contraindications to the Participant's participation in the program. I am the parent or legal guardian of the Participant, and this permission and release is binding on me and my executor, administrators and heirs.

Signature of Parent/Guardian: \_\_\_\_\_

Relationship of the Parent/Guardian to the child: \_\_\_\_\_

Date: \_\_\_\_\_

***I would be interested in being a parent volunteer for the program***

\_\_\_ Payment attached (**Total Amount \$** \_\_\_\_\_)

Shirt Size (please mark size for your child)Y=Youth A=Adult

YS(6)\_\_\_ YM(8-10)\_\_\_ YL(12-14)\_\_\_ AS\_\_\_ AM\_\_\_ AL\_\_\_ AXL\_\_\_ AXXL\_\_\_