



StrollerStrength

Name \_\_\_\_\_

Child's Name/Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City/ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

E-mail address \_\_\_\_\_

Emergency Contact/ Phone number \_\_\_\_\_

### **Informed Consent, Photo Release and Liability Waiver**

I, (name of parent/guardian) \_\_\_\_\_, am aware that StrollerStrength will involve approximately 60 minutes of physical activity with my child, (name of child) \_\_\_\_\_, which will place stress on my cardiovascular and muscular systems. I understand that if the class exceeds my physical ability, I will not overwork my body and do only the movements I am capable of doing safely. I understand I should receive medical clearance from my doctor and be in good health before participating in StrollerStrength. I understand that I am solely responsible for supervising the health and safety of my child. I hereby release and waive for myself, and on behalf of my child, my heirs, my executors and administrators any and all rights to claims from damages arising from any illness, injury, occurrence or aggravation to myself or my child as a result of participation or in connection with StrollerStrength, it's representatives or facilities. I have read and understand StrollerStrength policies. I understand that policies may change. I hereby release any photographs or video taken at StrollerStrength of my child or me.

Participant Signature \_\_\_\_\_

Date \_\_\_\_\_