

Waiver of Liability and Informed Consent

I, _____, have enrolled my child, _____, in a program of physical activity including but not limited to running, jumping, climbing, crawling, throwing, catching, resistance training, balancing and stretching offered by Jennifer W. Tolo and BUTTERFLY FAMILY WELLNESS. I hereby affirm that my child is in good physical condition and does not suffer from any disability that would prevent or limit my child's participation in the exercise program and I know of no reason whatsoever why my child would not be physically able to participate in this program.

In consideration of my child's participation in TEEN BOOTCAMP exercise program, I hereby release Jennifer W. Tolo and BUTTERFLY FAMILY WELLNESS, from any claims, demands and causes of action, now or in the future, arising from my child's participation in the TEEN BOOTCAMP exercise program.

I fully understand that my child may injure his/her self in the TEEN BOOTCAMP exercise program and I hereby release Jennifer W. Tolo, and BUTTERFLY FAMILY WELLNESS from any liability now, or in the future including, but not limited to heart attack, muscle strains, pulls, tears, broken bones, shin splints, heat prostration, knee/lower back/ foot injuries, and any other illness, soreness, or injury, however caused, occurring during or after my child's participation in the exercise program.

Parent/Guardian signature _____ Date _____

If your child is being treated, or seen by a physician/nurse practitioner for any medical condition, please include a note from your doctor or nurse practitioner stating that it is OK for your child to participate , and any limitations Jennifer needs to be aware of. _____ (parent initials) Any allergies/Asthma? _____

Parent/Guardian Name _____ Participants Name _____ Age _____

Address _____ City _____ State/zip _____

Home phone _____ Work Phone _____ Cell phone _____ email _____

**should we be unable to contact you in the event of an emergency, please list name and phone number of a responsible adult we may contact.

Adult Name _____ Home phone _____ Cell phone _____ Relationship _____

*** Please send form in with check to Jennifer Tolo @ 49 Martin St. Essex MA 01929 to sign up. (Minimum class size 6, Maximum class size 12)**