

Participation Authorization and Release

(Must be signed before beginning any activity.)

I certify that I am the parent and/or legal guardian of the child/participant listed below (my child). I hereby give my child permission to participate in the Independent Health Foundation, Inc. Fitness for Kids Challenge ("the Challenge"). I affirm that my child has participated in no Challenge activities prior to my signing of this Authorization and Release. I have seen the Challenge Rules located on the website (www.fitnessforkidschallenge.com) and, on behalf of myself and my child, agree to their terms and conditions. I hereby grant Independent Health Foundation, Inc. and any parent, subsidiary and related corporate entity (collectively referred to as "IHF & Co.") permission to use my child's name and likeness in all forms and media for prize announcements, promotions, advertising, trade, and any other lawful purposes. I do not know of any medical reason that would make it inadvisable or prohibit my child's participation in the Challenge, and I nevertheless affirm that I am willing to assume the risk of any medical or physical condition my child may have. Further, by signing this document, I agree to release, indemnify and hold harmless IHF & Co., its officers, directors, board members, employees, agents, volunteers and all persons or entities acting on their behalf from all liability from damages, loss or injury to my child's person or property which may be sustained while participating in the Challenge. I agree that participation in the Challenge presents other known and unknown risks which could result in injury (physical or emotional), death or damage to my child, to property, or to third parties. I also accept and assume these risks on mine and my child's behalf and agree to bear all costs of any injury or damage that may occur to anyone if connected in any way to my child's participation in the Challenge.

Parent/Guardian Signature _____ Date _____

CLEARLY print Parent/Guardian Name _____ Phone Number _____

Street Address _____ City/State _____ Zip _____

Print Child/Participant Name _____ Phone Number _____
(if different from parent/guardian)

Street Address _____ City/State _____ Zip _____
(if different from parent/guardian)

Child's Age _____ School Name _____

Please check one of the following: Elementary School Middle School



★ Official Activity Log ★

	What activity did you do?	Date you did it?
Ex:	<i>I took a walk with my family.</i>	<i>September 22</i>
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

**Make sure all the information to the left is filled in before you turn in your completed activity log.
To find out where to turn in your completed activity log, visit fitnessforkidschallenge.com
or call the Independent Health Foundation at (716) 635-4959.**