



Parental Consent Form

I hereby authorize the healthcare provider who referred my child to KidShape and my primary healthcare provider to release medical information and correspondence to the KidShape Foundation.

I also provide my consent to allow the KidShape Program at _____ to share my child's anonymized health information with the KidShape Foundation.

I declare myself, and my child, to be physically sound and not suffering from any condition, impairment, disease, infirmity or other illness that would prevent my participation and my child's participation in the program. I am also aware that KidShape programs include strength training, stretching, aerobic exercise and the use of equipment, which are potentially hazardous. I understand that I should consult with a physician before engaging in any physical activity or exercise. I hereby agree to fully accept any and all risk of injury, illness and death that may result from my participation in KidShape and fully release KidShape from any and all liability or damages for claims that I may have relating to the program.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND THAT IT CONTAINS A COMPLETE RELEASE OF LIABILITY IN FAVOR OF KIDSHAPE.

Parent/Guardian Signature

Date



KidShape Family "Coach" Contract

I hereby agree as the parent/guardian of _____ to fully support my family in their efforts to eat healthier and to increase physical activity. I agree to serve as my family's coach and encourage and support KidShape recommended healthy lifestyle habits within my family. With my child, I will attend each KidShape class on time. My child and I will be prepared for each class with completed home assignments and ready to participate.

**I am committed to building a
healthy family.**

Parent/Guardian Signature

Date