



Community Hospital
Fairfax
Speed and Agility Camp
Informed Consent

By signing this document, I acknowledge that I (or my minor child/ward) have voluntarily chosen to participate in the speed and agility camp provided by Community Hospital-Fairfax (Community Hospital Association).

I understand that while participation in physical activity is safe and beneficial for most people, there are potential health risks with sports (speed and agility) training and physical activity and that I should not allow my minor child/ward to participate unless he or she is medically able and properly trained. By signing this document, I acknowledge the possible risks associated with strenuous exercise and my minor child/ward's participation in this camp, including but not limited to abnormal blood pressure, fainting, falls, contact with other participants, sprains, strains or other injuries or accidents associated with this type of activity.

As a condition of my (or my minor child/ward's) participation in this sports training camp, I assume all risk for my (or my minor child/ward's) health and wellbeing and hereby agree to hold harmless, release and forever discharge Community Hospital Association, Community Hospital-Fairfax and all related entities, their affiliates, employees, agents, officers and directors, instructors, trainers, sponsors, promoters and all other persons associated with the sports training camp (collectively "CHF") from any and all claims, demands, damages, actions, or causes of action of whatever kind and nature, arising from or related to my (or my minor child/ward's) participation in any athletic event. I further agree to indemnify and hold harmless CHF against any and all liability, loss, claims, demands, or causes of action, of any kind or nature, brought by me or any other party on my (or my minor child/ward's) behalf on account of any claims, damages, actions, and causes of actions of whatever kind and nature arising out of my (or my minor child/ward's) participation in the sports training camp.

I further attest that to my minor child is physically fit and has been examined by a physician to participate in the Speed and Agility Camp. I give permission for Community Hospital Association to provide immediate and reasonable emergency care to my minor child should it be required. I understand that Community Hospital Association will attempt to notify the Emergency Contact listed on the camp registration form as appropriate before providing any such emergency care.

I have read the foregoing carefully and I understand its content. Any questions, which may have occurred to me concerning this informed consent and release, have been answered to my satisfaction.

Signature (Participant (if over 18) or Parent/Legal Guardian of Minor)

Printed Name

Date