



# EDGE! Program

## Informed Consent/Release of Liability Form JAG Approved: 28 April 2011

**\*\*\*Please read carefully\*\*\***

I, \_\_\_\_\_, admit knowingly and willingly that I have enrolled **MY CHILD**, \_\_\_\_\_, in an EDGE! physical fitness program that will allow my child to **participate in supervised activities** that includes, but is not limited to, running, jumping, stretching, strength training, and exercising at the Gaffney Physical Fitness Center or Murphy Field House located on Fort George G. Meade, Maryland.

In consideration of **MY CHILD'S** entry and of my own free will, I (the undersigned) do hereby for myself, my child, for myself and my child's successors, heirs, spouse, next of kin, executors, and administrators, knowingly and voluntarily forever waive, release, and give up any and all claims, demands, liability, damages, costs and expenses of any kind whatsoever (including personal injury to me or my wrongful death) against the United States, the United States Army and its employees and agents, Child Youth and School Services, Family, Morale, Welfare and Recreation (DFMWR), and all of its affiliates that may arise from my participation in Gaffney Physical Fitness Center or Murphy Field House activities or while traveling to and from the facility, even if caused in whole or in part by the negligence or other fault of the aforementioned parties or persons.

I fully understand that **MY CHILD** may get injured as a result of their participation in this facility program and hereby release the United States, the United States Army and its employees and agents, Child Youth and School Services, Family, Morale, Welfare and Recreation (DFMWR), and all of its affiliates from any liability, now or in the future, including but not limited to heart attacks, muscle strains, sprains, pulls, tears, broken bones, shin splints, heat exhaustion, knee, back, or foot injuries and any other illness, soreness, or injury, however caused, occurring during or after **MY CHILD'S** participation in these exercise programs. It is further agreed that all exercises including the use of equipment, as well as travel to and from the Gaffney Physical Fitness Center or Murphy Field House location shall be **AT HIS/HER OWN RISK**.

I FULLY UNDERSTAND THAT I AM FOREVER GIVING UP, IN ADVANCE, ANY RIGHT TO SUE OR MAKE CLAIMS AGAINST THE PARTIES I AM RELEASING, IF **MY CHILD** SUFFERS ANY INJURIES OR DAMAGES, EVEN THOUGH I DO NOT KNOW WHAT OR HOW EXTENSIVE THOSE INJURIES AND DAMAGES MIGHT BE AND AM VOLUNTARILY ASSUMING THE RISK OF SUCH INJURIES OR DAMAGES TO **MY CHILD**.

I UNDERSTAND THIS CONSENT FORM AND AM NOT UNDER ANY PHYSICAL OR EMOTIONAL DURESS TO SIGN. I AM AT LEAST 21 YEARS OF AGE AND AM COMPETENT TO SIGN THIS RELEASE.

**Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_