

Dear Parent/Guardian of Registrant:

Thank you for choosing to use the facilities, services or programs of the XRKade® located in the Williams YMCA of Avery County in Linville, NC. We request your understanding and cooperation in maintaining both your child's and our safety and health by reading and signing the following INFORMED CONSENT.

I, \_\_\_\_\_, declare that my child, \_\_\_\_\_, intends to use some or all of the activities, facilities, programs and services offered in the XRKade® and I understand that each person, (my child included), has different capacities for participating in such activities, facilities, programs, and services. I am aware that all activities, services and programs offered are educational, recreational, or self-directed in nature. I assume full responsibility before, during and after participation to instruct my child on the choices available to him/her relative to the risks to be undertaken, information or instructions available.

I understand that part of the risk involved in undertaking any activity or program is relative to one's own state of fitness or health (physical, mental, or emotional) and the awareness, care and skill with which my child conducts him/herself in that activity or program. I acknowledge that my child's choice to participate in any activity, service and program offered in the XRKade® bring with it the assumption by me of those risks or results stemming from this/these choice(s) and the fitness, health, awareness, care and skill that my child possesses and uses. In addition, I understand that I am free to withdraw my child from, reduce or modify involvement in any program activity and I realize that I should do so upon recognition of any signs of transient light-headedness, fainting, chest discomfort, leg cramps, nausea, etc.

I further understand that the activities, programs and services offered in the XRKade® are sometimes conducted by personnel who may not be licensed, certified, or registered instructors or professionals. I accept the fact that the skills and competencies of some employees and/or volunteers will vary according to their training and experience and that no claim is made to offer assessment or treatment of any medical or physical disease or condition by those who are not duly licensed, certified or registered and herein employed to provide such professional services.

In addition, I acknowledge that I have inquired about the nature of any activity, program or services that I am not completely familiar with and I have been informed of any inherent risks.

On occasion, pictures of the children are taken to be published in the local newspapers. Please indicate whether this is permitted for your child.

\_\_\_\_\_ **YES** it is permitted for my child

\_\_\_\_\_ **NO** it is not permitted for my child

I declare that I have read, understood and agree to the contents of this INFORMED CONSENT AGREEMENT in its entirety. Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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**FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

