



CARIBBEAN *Wellness* WEEK

THEME: "A BRIGHTER FUTURE FOR OUR YOUTH"

Consent Form – 'Obstacle Course Competition'

Saturday, 4th November 2017, 10:00am – 2:00pm

REGISTRATION IS FREE

INFORMATION:

Child's Name: _____

Address: _____

Parent/Guardian Name: _____

Telephone Contact: (H): _____ **(W):** _____ **(C):** _____

Children are to wear their own comfortable clothing: T-shirt and PE shorts/sweat pants.

VENUE: Clifford Park, West Bay Street, Nassau, New Providence, Bahamas

Child's Age: _____ **Male:** _____ **Female:** _____

MEDICAL CONCERNS:

Any Allergies/Medical Condition: _____

Waiver:

I understand that my CHILD is participating in an event that is potentially hazardous, and agree that he/she should not be entered to participate unless he/she is physically able to. In consideration of the foregoing, I hereby assume full responsibility for any risks, injuries or accidents that may befall my child while he/she participates in the obstacle course, recognizing the potential for serious physical trauma, injury or death. I hereby, voluntarily elect to permit my CHILD to participate knowing such risks. On behalf of myself, my CHILD, his/her heirs, executors and administrators, I also waive any and all rights to subsequently claim for damages I may have against Ministry of Health, the Royal Bahamas Defense Force, event sponsors, volunteers, participants, and their representatives, successors and assigns for any and all injuries suffered by CHILD in said events. I grant to the Ministry of Health and the Ministry of Health sponsors and licensees the exclusive right to the free use of his/her name, voice and/or his/her picture in any broadcast, telecast, advertising, promotion or any other account of this event. I further attest and certify that my CHILD is physically fit.

BECAUSE MY CHILD PARTICIPATING IS UNDER THE AGE OF 18, I as the parent/guardian for the above named minor, give permission for my CHILD/WARD to participate in the event, and further agree individually on behalf of my CHILD/WARD, to the terms above. I further certify that my CHILD/WARD is in good physical condition and is able to safely participate in the event. I hereby authorize medical treatment for him/her and grant access to my CHILD/WARD's medical records as necessary.

Signature of Parent/Legal Guardian

Date

