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Riders Medical Waiver and Image Consent 2011

I grant permission for The Integrated Fitness Society (InterFit) and/ or its designates to proceed in any other manner they deem necessary in the case of a medical emergency involving my child/ward or myself. I am releasing the right for this information to be shared with volunteers, recreation staff, and/ or medical staff that are in contact or responsible for myself or my child's/ ward's participation in activities, programs or excursions at or with The Integrated Fitness Society.

Signature of Participant

Date

Signature of Parent/ Guardian

Date

Witness

Date

Consent for use of name or image in electronic or print reproductions:

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