

# Breakfast Club Consent Form

## *Consent to Medical Treatment and Release of Liability*

I hereby authorize my son to participate in the 2010 Breakfast Club Strength and Conditioning program offered by the Kennesaw Mountain High School football staff. By the execution of this release, I acknowledge and agree that all requirements, directions, supervision, and standards set by the directors of this program shall be established for my son's benefit. I also understand that this is a voluntary program.

I hereby voluntarily assume all risk of accident or injury to my son which may arise out of his participation in this program, and therefore release and hold harmless the Kennesaw Mountain High School football staff, Kennesaw Mountain High School, and all other personnel associated with this program from any and all liability that may result from my son's participation. In addition, I hereby give my permission for emergency medical treatments in the event I can not be reached in a timely manner.

Participant's Name \_\_\_\_\_

Grade \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Emergency Phone \_\_\_\_\_