



**CATAWBA COUNTY PUBLIC HEALTH
FAMILIES FIT FOR LIFE
CHILD PROGRAM RELEASE**



I, _____, understand and agree that Catawba County Public Health shall not be liable for any claims, demands, actions, or cause of action, whatsoever, to my child's person or property, arising out of, or connected with, my participation in this weight-management program. I further agree that I am required to consult my child's medical healthcare provider before enrolling my child in this program. I do hereby forever release and discharge Catawba County, its employees, agents, or servants from all such claims, demands, injuries, damages or cause of action of any kind on behalf of myself as well as my child.

With this program having been explained to me and all of my questions answered to my satisfaction, I consent, for my child to participate in this weight-management program fully aware of the procedures and any risks that may be involved.

This the _____ day of _____, 2008

Signature of Parent/Guardian

Witness

Name of Child

**PHYSICIAN APPROVAL
Catawba County Public Health Families Fit For Life Program**

This is a weight-management program consisting of healthy eating and physical activity, with an emphasis on individual capabilities. There exists the possibility of certain biological changes occurring during your participation in the program. These changes include, but are not limited to: risk of gallstones with rapid weight loss, risk of fractures if you have osteoporosis, abnormal blood pressure, fainting, disorder of the heartbeat and, in rare instances, heart attack or death. Thus, prior to your child's participation in this program, it is required that you consult a physician.

Physician Approval

I hereby stipulate that _____ is physically sound and has medical approval to proceed with a normal routine of physical activity and healthy eating in this weight-management program.

Signature of Physician

Date