



**Client Informed Consent –**  
**U14 Soccer Team**

I, \_\_\_\_\_ (print name) acknowledge my consent to undergo physical activities of my ability that may include:

- Engaging in fitness classes – warm up exercises conducted by Niagara College Fitness Staff.

I do hereby acknowledge as a participating client, I have completed the **Medical History Questionnaire Form** have disclosed all medical history/concerns/injuries, I understand my personal information will be kept confidential.

I understand that, while I may have been appropriately cleared by a physician there are still inherent injury and accident risks in engaging in any form of physical activity. As such, I agree to discuss any/all injury or accident-related concerns directly and immediately with the Team Coaching Staff or qualified Niagara College employee so it can be monitored in an appropriate manner. I also understand it is my right to stop or delay the session if I experience any discomfort or fatigue and should do so immediately upon experiencing any symptoms.

I also hereby absolve Niagara College, as well as all qualified instructors and involved in this program from any responsibility and liability should any form of unforeseen injury or incident occur.

As a client participating in this program, I understand that Niagara College staff may periodically take pictures or videos during various forms of exercise sessions, and I consent to these pictures or videos being taken. These pictures and videos may be used solely for official marketing purposes through a variety of college-based media outlets.

I acknowledge that I have read and fully understand all the above information. I agree to comply with all the above information as a participating client in this program. Lack of agreement may result in an inability to participate in this program. This form must be completed in pen (unless electronic), signed by a witness, and submitted to the Lab Technician or qualified Niagara College employee prior to any testing being completed.

If you are under the age of majority, **this form must be signed by your parent/guardian.**

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Signature of Parent or Guardian

Date: \_\_\_\_\_

\_\_\_\_\_  
Witness Name

\_\_\_\_\_  
Witness Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
NC Lab Technician Signature

Date: \_\_\_\_\_