

## Client Informed Consent – Thundercat U13 Fastpitch Team

l,	(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.
	t, I have completed the <b>Medical History Questionnaire Form</b> have disclosed all my personal information will be kept confidential.
engaging in any form of physical activity. As such immediately with the Team Coaching Staff or qu	riately cleared by a physician there are still inherent injury and accident risks in n, I agree to discuss any/all injury or accident-related concerns directly and alified Niagara College employee so it can be monitored in an appropriate manner. e session if I experience any discomfort or fatigue and should do so immediately
I also hereby absolve Niagara College, as well as liability should any form of unforeseen injury or	all qualified instructors and involved in this program from any responsibility and incident occur.
	tand that Niagara College staff may periodically take pictures or videos during to these pictures or videos being taken. These pictures and videos may be used variety of college-based media outlets.
participating client in this program. Lack of agree	and all the above information. I agree to comply with all the above information as ement may result in an inability to participate in this program. tronic), signed by a witness, and submitted to the Lab Technician or qualified eing completed.
If you are under the age of majority, <b>this form m</b>	ust be signed by your parent/guardian.
	Date:
Client (Parent or Guardian if applicable)	Signature (Parent or Guardian if applicable)
	Date:
Witness Name	Witness Signature
	Data:

NC Lab Technician Signature