

## 2020 Health First Mayors' Fitness Challenge For Kids Children's Incentive Program (Gifts and Prizes)

United Way of Brevard requests parental permission for children to participate in the 2020 Health First Mayors' Fitness Challenge. Information collected will include the children's names and ages. The information will be used for registration of the children, the collection of data measuring participation by age categories, and to provide gifts and prizes for registration and participation. The names and ages will not be shared with other third parties. The data measuring participation by age categories will be shared with Health First Medical Group. Parents have the opportunity to opt out at any time on behalf of their child.

To sign up, simply return this form to United Way of Brevard, 1100 Rockledge Blvd., Rockledge, FL 32955 or fax to **321-631-2007**. Only one form is needed per family, but include information for each child. (If you have more than four children, please submit an additional form). This information is kept confidential and only seen by the staff person completing the calculations.

I, \_\_\_\_\_, consent to United Way having my child's personal  
(Name of Parent)

information. By signing up your child you agree: United Way of Brevard it's Affiliate Groups and all Brevard County Municipalities WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

*In consideration for participation in the Mayors' Fitness Challenge, I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE United Way of Brevard or Health First, any of its affiliate members and any city in Brevard County, from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me while participating in any physical activity related to the Challenge. I understand that I should consult my physician before engaging in any physical activity if I have any preexisting condition which could be harmful to me while engaging in physical activity.*

PLEASE PRINT CLEARLY

Today's Date \_\_\_\_\_

Child's Name and Age \_\_\_\_\_

Child's Name and Age \_\_\_\_\_

Child's Name and Age \_\_\_\_\_

Child's Name and Age \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Telephone Number (if any) \_\_\_\_\_ Municipality (Team) \_\_\_\_\_

Parent/Guardian Email Address \_\_\_\_\_

**Note: We will not contact your children. We will allow the parent or guardian ONLY to complete the weekly survey on minutes of exercise per child.** I understand that I will receive a survey to report my child(s) minutes of exercise at the end of each week.

Parent/Guardian Signature \_\_\_\_\_