

Physical Activity Waiver

My child, who is referred to herein as a "Warrior", is hereby granted permission to participate in Opportunity Knocks, Inc. (hereinafter referred to as "Opportunity Knocks" or "OK") programs of which many include physical activity. Although being more active is normally very safe for most people, there are inherent risks associated with fitness and physical activity. Opportunity Knocks requires the execution and delivery of this Physical Activity Waiver and that all Warriors receive a yearly physical with a signed physician's approval for a Warrior to participate in program activities to also be provided to OK. Failure to submit Physical Activity Waivers and a signed physician's approval will result in restricted program participation or make a Warrior ineligible for program registration and participation.

There are known and unanticipated risks associated with cardio, strength training, and other forms of vigorous physical activity. Participation in fitness programs may include but are not limited to acute muscle and/or joint pain, pulled muscles, brief changes in blood pressure, feelings of lightheadedness, dizziness, delayed onset muscle soreness, broken bones, torn ligaments, or other injuries as a result of falls/contact with other participants, or even death. While safety precautions are put in place, the undersigned agrees, understands and acknowledges that such risks cannot be eliminated.

Opportunity Knocks will adhere to the recommendations of the physician regarding the Warrior. Any changes to the Warrior's health must be disclosed to Opportunity Knocks before the Warrior continues in current programs of OK or participates in additional OK programming. If at any time conditions become unsafe or a Warrior is unable to participate due to physical or medical conditions, the Warrior's participation will be immediately discontinued. OK agrees to abide by and comply with applicable Health Insurance Portability and Accountability Act (HIPPA) requirements to which it is subject.

If a Warrior's health changes in any way I will let Opportunity Knocks know immediately
____initials
changes may include but are not limited to: medications, heart health, pain, common cold, physical injuries, etc...

I have read, understand and agree to Opportunity Knocks' rules and regulations and understand the risk of participating in physical activity based programs. _____initials

I understand and agree that Opportunity Knocks is not liable for death or any injuries my child may receive while participating. I assume all risks for death or any injuries my child may sustain as a result of participating in program activities and hereby fully waive and release any and all claims I or my child may have against Opportunity Knocks for such injuries or death and shall indemnify and hold harmless Opportunity Knocks therefrom _____initials

I understand that my Warrior may not be eligible for program participation/registration if updated forms are not received on a yearly basis. _____initials

Parent or Guardian of _____, Warrior

Printed Name of Parent or Guard

Warrior: _____
Printed Name of Warrior