



Jeb Bush
Governor

M. Rony François, M.D., M.S.P.H., Ph.D.
Secretary, Department of Health

STEP UP FLORIDA 2006

Consent and Release Form

Step Up, Florida – On Our Way To Healthy Living!

Palm Beach County Health Department

826 Evernia Street
561-840-4500

I am voluntarily participating in Step Up, Florida; this is an event that will occur on public thoroughfares. I understand that there are risks inherent in this type of activity, including but not limited to unknown hazards along the route, traffic hazards and the possible hazards of physical activity due to known or unknown medical conditions.

By signing this statement, I am acknowledging that I understand that I should consult with my physician prior to engaging in any physical activity. I also acknowledge that I have chosen to engage in this event with its inherent risks and accept the liability for such risks attendant to this activity.

I also acknowledge that by signing this statement I give my consent to release the use of any images of me obtained during the event to be used in any publication or news release promoting or reporting this event.

If I am an employee of the Department of Health I am also acknowledging by signing this statement that I have not been required to participate and that I am voluntarily accepting participation in this activity as part of my normal job responsibilities.

(Print) Name: _____

Signature: _____ Date: _____

Parent or guardian consent for children 18 and younger:

I agree to allow my child, _____, participate in this health event. I also agree to the above stated consent releases on behalf of my child.

(Print) Parent's Name: _____

Parent's Signature: _____ Date: _____



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