



Leidos Biomedical Research, Inc.

**ATRF WELLNESS CENTER MINORS (under age 18)
PARENTAL AUTHORIZATION AND CONSENT**

I, _____ hereby authorize and give permission for my child, _____ to use the ATRF Wellness Center. My child and I have been provided with a copy of the rules and regulations regarding the ATRF Wellness Center use as stated in the Wellness Center Guidelines. In addition, I understand that participating in exercise of any kind involves risks, including the risk of bodily harm and injury and have read and reviewed the content of the Pre-Activity Fitness Form for accuracy and completeness. I acknowledge that my child’s use of the facility is completely voluntary and I assume all risks, including potentially bodily injury or death, from my child’s use of the ATRF Wellness Center.

These forms must be completed and approved (by OHS or your physician) prior to exercise in the ATRF Wellness Center. Further, I understand and acknowledge that this is an unstaffed facility and my child will be exercising without supervision. I understand that by my signature below, I hereby forever waive and release Leidos Biomedical, its agents, employees, officers, directors and it’s Government Customer, from any and all claims, demands, causes of action, damages and liabilities of whatever nature and arising under any legal theory or associated with my child’s use of the facility including but not limited to personal injury or property damage, whether known or unknown, foreseeable or unforeseeable.

If my child violates rules as stated in the Wellness Center Guidelines, I understand that I may liable for the costs of any damages caused. This permission will be considered null and void at the end of the internship or after the period of one year.

I acknowledge that I have received a copy of this document and the Wellness Center Guidelines and have been provided an opportunity for legal review.

Signature (Parent or Legal Guardian)

Date

OHS Reviewer

Date