

**Cincinnati Children's Hospital Medical Center**  
**♥♥ Fit Hearts Training Program ♥♥**

The Heart Institute has developed a progressive marathon training program designed for HealthWorks! and Congenital Heart Disease patients minimal age of 5. This 7-week training program will allow participants to complete a progressive full marathon beginning on Saturday, March 12, 2016 and ending on Saturday, April 30, 2016. Participants will have the opportunity to complete 3.6 miles through wheeling, walking and/or running each week.

Staff volunteers including Registered Nurses, Cardiovascular Technologists, Exercise Physiologists and physicians will be on site to help with each training session. All are CPR/AED certified.

Training will take place at the following locations:

*Cincinnati Children's Hospital Medical Center  
3333 Burnet Avenue  
Cincinnati, OH 45229*

*Montgomery Inn-Boathouse Parking Lot  
925 Riverside Drive  
Cincinnati, OH 45202*

**Terms of Participation**

\*I understand that my participation in programs offered by Cincinnati Children's Hospital Medical Center (CCHMC) is based on a "Challenge by Choice" philosophy. I recognize that the program is designed to use hands on instruction, engaging, teaching techniques, but that my participation is purely voluntary, and I elect to participate in spite of the risks.

\*I am aware that exercising can pose many health risks, abnormal blood pressure; fainting; heart attack, stroke, other injury, etc. This includes all training provided by CCHMC during the progressive marathon training, in for which I and/or my child have enrolled. I understand that staff will make every effort to ensure safety.

\*I am aware that I will be conducting training at facilities open to the public and the CCHMC HI will not be responsible for any person or things that may be lost or stolen.

\*I am aware that I can only participate once I have obtained medical clearance from a physician.

\*Therefore, for myself/my child, I expressly, knowingly and voluntarily assume all risks involved in my participation, and do hereby release CCHMC and its members, trustees, officers, employees, and independent contractors and agents from any and all liability, damages, costs, and expenses arising out of or relating to bodily injury, loss of life or personal property that may occur as a result of participating in this program.

\*I have read and understand and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding on the parties during the entire period of participation in the said program.

\*Authorization for emergency treatment- I hereby give permission to the licensed medical personnel selected by the CCHMC to arrange necessary emergency related transportation by EMS personnel for this participant and assist with the administration of prescription and over-the-counter medication for the individual participant if needed. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by CCHMC to secure and administer treatment, including hospitalization, for the person named above.

\*I understand that the participants will be made up of patients and families from The Heart Center. CCHMC assumes no responsibility or liability for any injury suffered as a result of the behavior of other participants.

Signature of participant: \_\_\_\_\_

Signature of parent/legal guardian for Participant under age 18

: \_\_\_\_\_

Date: \_\_\_\_\_

Emergency Contact Name and Phone Number: \_\_\_\_\_