



## Teenage Kicks - Yute Gym

The Heart & Stroke Foundation has embarked on tackling the current challenge of chronic noncommunicable diseases in Barbadian youth. This project at the HSFB is the first of its type on the island and an exciting one. It is geared to assist a cohort of youth between the ages of 8 and 17 who are at high risk of heart disease.

The specific focus is tailored towards making an impact on the front line to combat their NCDs with an engaging prescriptive activity session through the generosity of corporate sponsorship. The activities have been organized by a team of professionals, which also includes Personal Trainers, nutritionists, and Paediatric Specialists. The programme runs every Saturday morning from 8:00 a.m. to 11:00 a.m. The cost per session is \$10.00 or \$60.00 per month which includes Wednesdays and Saturdays.

In order to register parents and guardians are asked to:

- Have a doctor's referral letter
- Complete the application form, waiver and Par-Q

The Hassell & Symmonds Cardiac Care Centre, #3 Railway View, Ladymeade Gardens  
Jemmotts Lane, St. Michael BB11156, Barbados W I

(246) 537-3312 [admin@hsfbarbados.com](mailto:admin@hsfbarbados.com)

## **REGISTRATION FORM: TEENAGE KICKS - YUTE GYM**

Name of Child \_\_\_\_\_

School: \_\_\_\_\_

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

Child's Doctor \_\_\_\_\_

B'dos Id #: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Contact Number(s): \_\_\_\_\_

Contact Email: \_\_\_\_\_

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

Drug or Food Allergies: \_\_\_\_\_

I hereby register for the Teenage Kicks – Yute Gym Program...

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Office completion:

1) Name of Doctor Referring \_\_\_\_\_

2) Payment received:     ----Yes                ----No

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## ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

- (A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: Teenage Kicks - Yute Gym, The Heart & Stroke Foundation of Barbados, and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;
- (B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise. I acknowledge that the directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act on any party or entity conducting a specific activity on their behalf.

I acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants, but are also present for volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand while participating in this activity, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers and assignees.

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The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND THAT IT IS SIGNED OF MY OWN FREE WILL.

\_\_\_\_\_  
Participant's Name (Please Print)

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

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

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

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