



*MOVING TOGETHER*

*Declaration of Activity Risk Assessment*

Engaging in exercise has inherent risks and benefits. The STAR Association wants to provide healthy activity but assure your safe participation.

Before participating in any Sports, Therapeutic, and Adaptive Recreation (STAR) Association program or event I have discussed my participation with my healthcare provider and understand the risks and benefits of participation with my unique health history and deem that I am safe to participate.

Further, I will notify the STAR Coordinator of any recommended precautions and limitations that allow for my safe participation.

I have read and meet the Essential Eligibility Criteria for the program(s) and/or event(s) I will be participating in.

I understand STAR Staff may modify or limit my participation if I put myself or others at risk for injury or adverse events.

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Signature Date

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Printed Name Date

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Parent/Legal Guardian Signature Date

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Parent/Legal Guardian Printed Name Date