



ONLINE PERMISSION FORM

Dear Parent or Guardian,

It's time for the **American Heart Association's Kids Heart Challenge™!** When your student joins your school's KHC team, they will learn how to keep their hearts and brains healthy, get moving with fun activities, meet kids with special hearts and raise funds for the health of all hearts. Plus, they'll feel good for doing good!

✓ Personal Email Address: _____

✓ Desired Username: _____

✓ Desired Password: _____

Password must be at least 7 characters and contain at least one number.

Help your student get started. Please list the email addresses of family and friends who'd appreciate receiving a message from your student (please print clearly):

1 _____

6 _____

2 _____

7 _____

3 _____

8 _____

4 _____

9 _____

5 _____

10 _____

KIDS HEART CHALLENGE RELEASE AND INDEMNIFICATION, I represent that I am the parent or guardian of a child who intends to participate in the American Heart Association's Kids Heart Challenge program. I agree and acknowledge that my child may participate in Kids Heart Challenge and the on-line fundraising program. This site allows participants to track their individual & school's progress while having access to the AHA's educational and fundraising resources. My child has the option of including a photo and/or video on their site as well as sending out e-mails to family and friends in support of their participation with Kids Heart Challenge. I further confirm that I agree with the terms of the parent permission form for this event DATA PRIVACY: The AHA values your privacy and commits to protecting all information you give us. By agreeing to these terms, you are also agreeing to our Privacy Policy explained at www.heart.org/Privacy.

I have read this information and grant permission. I do not grant permission.

Parent/Guardian Signature: _____ Date: _____



TO REGISTER: DOWNLOAD OUR APP OR VISIT HEART.ORG/KHC



SCAN THIS QR CODE WITH YOUR CAMERA TO REGISTER TODAY!