STRONG ME! PARTICIPATION CONSENT AND RELEASE

In consideration for participation in the Strong Me! Weight Management Program, I,_____consent to the use of data collected from my pre- and post-health evaluations for research and analysis purposes. Such purposes include, but is not limited to, assessment of the effectiveness of nutrition education, exercise and spirituality on behavioral changes regarding dietary choices of fruits and vegetables, number of meals eaten per day, amount of fast food eaten per week, occurrence of reading food labels on packages, and type of food chosen by the family to eat at mealtimes. While the original data collected by Strong Me! will be retained by Strong Me!, I understand and acknowledge that the data will be made available to researchers at educational institutions including, but not limited to, the University of Memphis, conducting research on pediatric obesity. **I RELEASE AND HOLD HARMLESS STRONG ME!, JANICE PRIDE BOONE, M.D., PLLC, RESEARCHERS, AND THEIR RESPECTIVE AGENTS FROM ANY LIABILITY FOR USE OF SUCH DATA FOR RESEARCH AND ANALYSIS PURPOSES.**

_____ / _____ _____

Participant's Name **Signature** **Date**

_____ _____

JANICE PRIDE BOONE, M.D., PLLC **Date**

(a/k/a Strong Me!; Family Focused Pediatrics)