

Victor Community Fitness: Minor Consent Form

Required for Members Aged 14–17 (*Children <14 are welcome in are un-supervised child area*)

Participant Information

Full Name of Minor: _____

Date of Birth: _____ Age: _____

Parent/Guardian Name: _____

Parent/Guardian Phone Number: _____

Parent/Guardian Email: _____

Consent & Acknowledgment of Risk

I, the undersigned parent or legal guardian of the minor named above, hereby give permission for my child to participate in fitness classes, open gym sessions, and other related activities at **Victor Community Fitness (VCF)**.

I understand and acknowledge the following:

- My child is **between the ages of 14 and 17** and meets the age requirements to be a member.
 - Participation in fitness classes involves **physical activity** that carries potential risks, including but not limited to injury, falls, or strains.
 - VCF coaches will provide instruction and supervision, but the **responsibility for following directions, using equipment safely, and communicating physical limitations** rests with each participant.
 - My child is in good health and **has no known conditions** that would prevent or limit their participation.
 - I release and hold harmless Victor Community Fitness, its owners, staff, and affiliates from any liability, claims, or demands arising from participation.
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Parental Agreement

☐ I give full consent for my child to participate in classes and open gym activities at Victor Community Fitness.

☐ I understand my child must respect gym rules and coach guidance at all times.

☐ I will inform VCF of any relevant health or medical concerns.

Signatures

Parent/Guardian Signature: _____

Date: _____

Minor Signature: _____

Date: _____