



PARENTAL CONSENT FORM
CHILD 8-14 YEARS

I, _____ agree that _____
(Please print parent or legal guardian's name) (Please print participant's name)
may exercise at Optimum Body Fitness.

RELEASE: In consideration of participation in a fitness activity, I agree, on behalf of the above named child, his/her heirs and representative, to fully and forever release, Optimum Body Fitness, its officers, volunteers, agents and employees from any and all liability, claims, demands, damages, actions, of causes of action, whatsoever arising out of a or related to belonging to my child or me, related to the activity, regardless of cause. This release covers everything that happens from the time we arrive at Optimum Body Fitness to the time we leave.

CONSENT: To the best of my knowledge, the above named child can fully participate in exercise. I am aware of risks and hazards connected with exercise and my child hereby elects to voluntarily participate in Exercise activities, knowing that the exercise and equipment may be dangerous to my child. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury that may be sustained by my child or any loss or damage to property owned by me or my child, as a result of being engaged in exercise activities at Optimum Body Fitness, regardless of who caused the incident.

HOLD HARMLESS: It is my express intent that this release and hold harmless agreement shall bind the members of my family and spouse (if any), if I am alive, and my heir's assigned and personal representatives, if I am not alive, shall be deemed as a release, waiver, discharge and covenant not to sue Optimum Body Fitness. I hereby further agree that this waiver of liability and hold harmless agreement shall be construed in accordance with the laws of the state of Florida.

MEDICAL COSTS: I understand that Optimum Body Fitness will not be responsible for any medical costs associated with any injury my child may sustain.

RULES AND REGULATIONS: My child and I further agree to become familiar with the rules and regulations of Optimum Body Fitness concerning participant conduct and not to violate said rules of any directive or instruction made by the person or persons in charge of the exercise facility.

INSURANCE: Optimum Body Fitness urges you to obtain adequate health and accident insurance to cover any personal injury to your child that may be sustained during the Exercise.

MEDICAL TREATMENT CONSENT: I HEREBY FUTHER AUTHORIZE IN ADVANCE ANY NECESSARY MEDICAL TREATMENT REQUIRED BY THE ABOVE NAME CHILD WHILE IN ATTENDANCE AT OPTIMUM BODY FITNESS. I HEREBY GIVE PERMISSION TO THE MEDICAL PERSONNEL TO ORDER INJECTION AND/OR ANESTHESIA AND/OR SURGERY FOR MY CHILD AS NAMED ABOVE. I FURTHER AGREE TO ASSUME RESPONSIBILITY FOR THE COSTS OF ANY SPECIALIZED EVACUATION AND OF ANY MEDICAL CARE AND ACKNOWLEDGE THAT THESE COSTS ARE THE FINANCIAL RESPONSIBILITY OF THE UNDERSIGNED. I ALSO ACKNOWLEDGE THAT I HAVE /WILL NOTIFY OPTIMUM BODY FITNESS' PERSONNEL OF ANY SPECIAL MEDICAL NEEDS OR INFORMATION REQUIRED BY THE ABOVE NAMED CHILD.

INFORMED AGREEMENT: I have reviewed this Agreement and am aware of the risks involved in participating in the Exercise and the possible injuries that may occur. My child freely and voluntarily agrees to participate in the Exercise. In signing this release, I represent that I understand this Agreement and sign voluntarily as an act of my own free will. Optimum Body Fitness has not made any oral representations, statements, or inducements, apart from this Agreement. I am at least eighteen (18) years of age and fully competent to execute this Agreement. Also, I understand that all rules and regulations for Optimum Body Fitness will be enforced and any violation by my Child may result in a possible request to take my child home.

Signature of Parent or Legal Guardian _____ Date Signed _____

Printed Name of Parent or Legal Guardian _____

Emergency Contact: _____ Relation to Child: _____

Optimum Body Fitness Signature: _____ Date Signed _____