

FITNESS REPUBLIC

Telephone 01530 413330

59a Market Street, Ashby, LE65 1AH

Parental Consent Form

I _____ (Parent or guardian) give my consent for
_____ (Participants name) to join and use the
facilities at Fitness Republic

_____ (Participants name) Will be able to use
the gym facilities at his/her will with my permission

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 Fitness Republic

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, Fitness Republic , 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.

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.

Signature of Parent or Legal Guardian _____

Date Signed _____

Printed name of Parent or Legal Guardian _____

Emergency Phone numbers: Father: _____ Mother: _____