



## In Motion Fitness Minor Consent Form

Name of Responsible Party: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

**Minor's Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ **Age:** \_\_\_\_\_

Allergies/Medical Disorders: \_\_\_\_\_

**Minor's Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ **Age:** \_\_\_\_\_

Allergies/Medical Disorders: \_\_\_\_\_

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Allergies/Medical Disorders: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

*As the parent, guardian, or responsible party, I hereby give consent to In Motion Fitness to provide all emergency medical or dental prescribed by a duly licensed physician (M.D.) or dentist (D.D.S.) for \_\_\_\_\_.  
This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependant(s).*

*I, the undersigned, understand In Motion Fitness' policy and supervision requirements regarding children under the age of 18 as stated in the Club rules, policies, and guidelines. By signing an In Motion Fitness Minor Consent agreement, I realize that I am responsible for the financial obligation and wellbeing of \_\_\_\_\_ while the child/children is in the club, and/or a member of In Motion Fitness. Should disciplinary action cause temporary expulsion or suspension of Club privileges, I am still responsible for monthly financial obligations.*

### Waiver of claims:

- A. Members and their guests, in using the club's facilities and equipment, do so at their own risk. The Club is not liable for any damages arising from personal injuries sustained by members or guests in, on, or about the premises of the Club, and the member hereby agrees to hold the Club harmless from any such liability.**
- B. The Club will not be liable for the loss, or theft of, or damage to, personal property of members or guests.**
- C. Please keep in mind that children are in an adult atmosphere and must conduct themselves in an adult manner.**
- D. I have read and understand the above recommendations, rules, and regulations.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_