

VRC YOUTH FITNESS WAIVER

Form will not be accepted if not completed accurately.

[Please print]

Child's Name: _____ Today's Date: _____
LAST FIRST

Child's Birthdate: ____/____/____ Age: _____ Phone: (____) _____

Emergency Contact: _____ Phone: (____) _____

Youth Ages 11-13

May utilize Fitness Floor and Upstairs Fitness Area Friday, Saturday, and Sunday only and must be actively supervised by a parent/guardian.

Youth Ages 14-17

May utilize the Fitness Floor and Upstairs Fitness Area during facility operating hours.

My child, (please print) _____, is _____ years of age and has my permission to use the fitness center. Abuse of the facilities, policies, and procedures may result in the revocation of use of the facility and the privileges it provides. By signing this form, I am stating that my child is fit and able to participate in this activity. In consideration of participation in this activity, I hereby indemnify and hold harmless the City of Vandalia, its agents and employees, from any and all liability for any injury or health problems suffered by my child arising from or connected with this activity, and assume all risk for any injury.

This form shall be considered valid until changed in writing by the undersigned parent/guardian and received by the Vandalia Parks and Recreation Department. My signature acknowledges that I understand and agree to the above conditions.

Parent/Legal Guardian Signature: _____ Today's Date: _____

Parent/Legal Guardian **Printed** Name: _____