



Member

Permission Slip for Minors

Age 14-17 (under 14, must have attached physician's note)

Weight Room and Cardiovascular Area

We, the undersigned, parents or legal guardian of _____ (Full Name), born on _____ (Birth Date with Year) hereby give our permission for the minor child to utilize the weight room and cardiovascular areas located in the Highlands Ranch recreation facilities.

We, the parents/guardian of the minor child, agree to hold harmless and indemnify the Highlands Ranch Community Association and their respective officers, employees, agents, assigns, and volunteers from and against all loss, liability, damage, and claims of injury to the minor arising out of, or in any way related to the above activity or the use of any facility involved.

In the event of an injury, we do hereby consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care, to be rendered to the minor under the supervision of any licensed physician, surgeon, paramedic, or emergency medical technician.

Signature of parent or legal guardian _____

Date _____

Household Name _____

Address _____

City and Zip _____

Emergency Phone 1. _____

2. _____

Children under age 14 must have an attached *physician's note* and be accompanied by a parent or legal guardian at all times while in the cardiovascular or weight rooms. *The physicians note must be written on doctors' office letter head or by doctors' written prescription.*

Staff Use Only:

Household Number _____

Lot Code _____

Staff Member _____

Input Date _____