



Bonterra Club  
9501 W 35 CT HIALEAH FL 33018

## PARENTAL CONSENT FOR FITNESS CENTER USE BY MINORS

### ***PERSONAL INFORMATION***

Minors' Last Name: \_\_\_\_\_ Minors' First Name: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent or Guardian's name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### **PARENTAL CONSENT FORM**

Name of minor: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I consent to my minor child's use of the Bonterra Club Fitness Center located at 9501 West 35<sup>th</sup> Court, Hialeah, Florida 33018. I am aware and acknowledge that there are certain risks associated with my child's use of the Fitness Center including, but not limited to, the risk of serious injury and death, and I consent to my child's use of such facilities despite my knowledge of such risks. I acknowledge that it is my responsibility to consult with a physician as to my child's ability to use the Fitness Center. I agree to indemnify, defend, and hold harmless the Bonterra Community Development District ("District"), its representatives, employees, agents, and officers from any and all claims, lawsuits, liability, loss, and/or damages whatsoever that may result from my child's use of the facilities, including, but not limited to, the injury or death of my child. In the event that my child requires medical attention, I understand and acknowledge that neither the District nor its representatives, employees, agents, and officers are responsible for contacting or requesting emergency services, but may do so at their discretion, and I hereby authorize the transport and treatment of my child, and agree to be responsible for and/or reimburse the District, its representatives, employees, agents, and officers for the corresponding costs of such services. I hereby acknowledge and agree that I have made my minor child aware of the Bonterra Club Rules and Regulations, including those rules that pertain to the use of the Fitness Center.

***I have read this Consent, understand it, and accept and agree to be bound by its terms.***

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian Name (please print): \_\_\_\_\_