

# Delegation of Parental Power for Children 12-17 years.

*Parent release agreement granting minor child 12-17 years of age permission to use club without parental supervision.*

## 1. This section must be filled out and signed for ALL CHILDREN.

I, the undersigned, do hereby acknowledge and understand that my child may be using the Great Lakes Athletic Club (herein referred to as The Club) without my direct supervision, and/or when no supervisor or employee of The Club is present to oversee and instruct my child in the use of The Club's facilities and its equipment.

I, the undersigned, understand that there is an inherent risk of injury to my child during their use of The Club's facilities, equipment and services as well as in the participation in The Club's programs. Therefore, I, the undersigned agree to specifically assume all risk of injury to my child, whether physical or mental, during their use of The Club's facilities, equipment or services or participating in The Club's programs, whether such programs take place inside or outside of The Club's facilities. I, the undersigned, hereby waive any and all claims or actions that may arise against The Club, its owners, directors, employees or volunteers as a result of any such injury to my child.

My child agrees to modify his/her workout to conform to the wishes of The Club's staff if asked to do so. If my child's behavior or workout procedures are deemed irresponsible or inappropriate, they will be removed from the area or The Club.

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CHILD'S FULL NAME (print)

DOB

PARENT/GUARDIAN PHONE

ADMISSION DATE

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## 2. Additional information for CHILDREN 12-14 YEARS OF AGE.

I choose to enroll my child in the **RED** Youth Fitness Level, which will allow him/her into the following areas without a parent being present. *Cardio Room, Basketball/Volleyball Courts, Racquetball/Squash Courts, Track and Pool.*

I choose to enroll my child in the **YELLOW** Youth Fitness Level, which will allow him/her into the following areas without a parent being present. *Cardio Room, Basketball/Volleyball Courts, Racquetball/Squash Courts, Track, Pool, Group Fitness Classes and Second Floor Weight Machine Area.*

I choose to enroll my child in the **GREEN** Youth Fitness Level, which will allow him/her into the following areas without a parent being present. *Cardio Room, Basketball/Volleyball Courts, Racquetball/Squash Courts, Track, Pool, Group Fitness Classes, Second Floor Weight Machine Area and First Floor Free Weight Area.*

By signing this Agreement, I certify that I have thoroughly read, fully understand, and voluntarily accept and agree to its terms.

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Print Name of Parent / Guardian

Signature of Parent / Guardian

Date

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Member #

GLAC Employee Signature

Date



## Delegation of Parental Power Waiver

### Children 3 months - 11 years. (12-17 years, see other side)

*Parent release agreement granting minor child 11 years or younger permission to use club without parental supervision.*

- ADMITTANCE DURING FAMILY HOURS ONLY, NO ADMITTANCE TO CHILD CARE.
- **DELEGATED MEMBER MUST BE AT LEAST 18 YEARS OF AGE.**

1. Permission to Grant the child Admittance to Club. I hereby request that Great Lakes Athletic Club allow entrance to their facility under the supervision of the undersigned Designated Member, the following minor child ("Child") of the undersigned Parent or Legal Guardian:

| CHILD'S FULL NAME | DOB | PARENT/GUARDIAN PHONE | ADMISSION DATE |
|-------------------|-----|-----------------------|----------------|
|-------------------|-----|-----------------------|----------------|

2. Acknowledgement and Assumption of Risk of Injury to the child. I understand and agree that there are risks of significant injury to the child, whether caused by the child or someone else, in their use of or presence on Great Lakes Athletic Club's premise. I understand and agree that these risks of injury include, but are not limited to, slips, trips, falls, collisions, thefts, equipment failure, or other such accidents or incidents that may result in injury, harm or damage, including but not limited to economic, property, emotional, mental, physical, or any other type of damage, including but not limited to sprains, torn muscles or ligaments, broken bones, strokes, heart stress, heart attacks, paralysis, disfigurement, death, or other forms of pain or suffering. On my behalf, and on the behalf of the minor child above, I fully understand, voluntarily accept, and specifically assume these risks of injury to the child.

3. Waiver Liability and Indemnification Agreement. On my behalf, and on behalf of each of the minor child above, I agree to release and discharge from all liability, and waive all claims, demands and actions against, Great Lakes Athletic Club, and its owners, operators employees, agents, vendors and volunteers (collectively, Great Lakes Athletic Club) for any and all injuries, harms, or damages sustained by the child in connection with their use or presence on the premises, or their use of facilities, equipment, services, programs, or activities within or outside its centers, resulting or arising from the negligent acts or omissions of the Great Lakes Athletic Club, or the negligent acts or omissions of me, the child, other members, guests, visitors, or other persons on anyone against Great Lakes Athletic Club related to such injuries, harms, or damages.

4. Designated Member responsible for Supervision, Medical Decisions while on premise. If I am the Delegated Member, I agree that I will supervise the child in accordance with Great Lakes Athletic Club's policies and will be responsible for their conduct at all times while on the premise. In the event the child is involved in an accident or incident that requires medical attention, I agree that the Designated Member will be responsible for making all decisions related to medical and survival procedures for the child, including but not limited to decisions about medical care, administration of drugs, the performance of life-sustaining procedures, and transportation and admission to any hospital, health center or medical clinic.

By signing this Agreement, I certify that I have thoroughly read, fully understand, and voluntarily accept and agree to its terms.

**THE PARENT/GUARDIAN** is required to be in the water and within arms reach of children under the age of 12 who CANNOT pass the swim test. GLAC offers two levels of swim tests:

- **Orange Swim Band (play pool only):** Child must be able to swim/tread the width of the pool and back to pass this level.
- **Purple Swim Band (lap and play pool):** Child must be able to swim/tread the length of a lap lane and back to pass this level
- **See GLAC Lifeguard for testing.**

|                                 |                                |      |          |
|---------------------------------|--------------------------------|------|----------|
| Print Name of Designated Member | Signature of Designated Member | Date | Member # |
|---------------------------------|--------------------------------|------|----------|

|                                  |                                 |      |  |
|----------------------------------|---------------------------------|------|--|
| Print Name of Parent or Guardian | Signature of Parent of Guardian | Date |  |
|----------------------------------|---------------------------------|------|--|

For MINOR CHILDREN 12-17 RELEASE,  
please see other side.

Print name of GLAC employee