



## **HEALTH AND HUMAN SERVICES DEPARTMENT**

Pueblo de San Ildefonso  
02 San I Senior Rd, Building B.  
Santa Fe, NM 87502  
Phone: (505) 455-4114 or (505) 455-4115



### **Community Wellness Center Parental/Guardian Consent Form for Minor Participation Ages 14-17 Youth Members**

#### **1. Minor Participant Information**

**Full Name of Minor:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Age:** \_\_\_\_\_

**Address:**

- **Street:** \_\_\_\_\_
- **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

#### **2. Parent/Guardian Information**

**Full Name of Parent/Guardian:** \_\_\_\_\_

**Relationship to Minor:** \_\_\_\_\_

**Phone Number:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Email Address:** \_\_\_\_\_

#### **3. Consent for Participation**

I, the undersigned **parent or legal guardian** of the minor named above, give my full consent for their participation in **all activities, programs, and services** offered by the Community Wellness Center. This includes, but is not limited to:

- Group fitness classes (e.g., youth yoga, Zumba, strength training)
- Health education workshops
- Recreational and supervised exercise
- Organized wellness events

I understand that participation may involve **physical exertion and potential risks**, including injury or illness.

#### 4. Acknowledgment of Liability Waiver

- ☐ I have read and understand the **Liability Waiver & Release of Claims** provided by the Community Wellness Center.
  - ☐ I agree to its terms on behalf of my minor child and understand that I am waiving the right to hold the **Pueblo, its employees, and affiliates** liable for any injury or harm related to their participation.
  - ☐ I certify that my child is in adequate physical health to safely participate and that I will notify staff of any medical concerns or conditions.
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#### 5. Agreement to Wellness Center Rules & Policies

- ☐ I acknowledge that I and my minor child have read (or have had read to us) the **Community Wellness Center's rules and policies**, including expectations for respectful behavior, equipment use, and class conduct.
  - ☐ We agree to follow these guidelines at all times while participating in activities.
  - ☐ We understand that failure to follow these rules may result in **suspension or termination of participation privileges**.
  - ☐ I understand and accept that, for the safety and well-being of all participants, my child **may be asked to leave the facility or program** if they engage in unsafe behavior, fail to follow instructions, or disrupt the environment in any way.
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#### 6. Emergency Medical Consent

- ☐ In the event of an emergency, I authorize the staff of the Community Wellness Center to seek medical treatment for my child. I understand that reasonable efforts will be made to contact me prior to any such action at the contact information listed on this form. I understand that it is my responsibility to update my contact information in writing to Center staff upon changes.
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#### 7. Parent/Guardian Authorization

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Printed Name: \_\_\_\_\_