

**WA College of Agriculture - Harvey  
College Weights Room – Parent/Guardian Permission Form**

**Student Name:** \_\_\_\_\_

**Year Level:** \_\_\_\_\_

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

**Purpose**

This form seeks parent/guardian permission for students to access and use the College Weights Room facilities. Student safety is a priority, and this form ensures parents/guardians are aware of the risks and responsibilities involved.

**Acknowledgement of Risk**

- I understand that all students will be inducted, but that a staff member will not be in attendance at all times.
- The College will provide supervision and guidance, but it cannot guarantee injury-free use of the gym.
- I understand that the College will respond appropriately in the event of an accident, including first aid and contacting parents/guardians if required.
- I acknowledge that participation in gym activities involves inherent risks, including (but not limited to):
  - Muscle strain, sprains, or other injuries from exercise or equipment use.
  - Risk of injury due to improper use of equipment.
  - General risks associated with physical activity.

**Medical Information**

Does the student have any medical conditions, injuries, or concerns that may affect participation?

☐ Yes      ☐ No

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian Consent**

I give permission for my child to use the College Weights Room under staff supervision. I understand the risks involved and agree to the conditions outlined above.

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

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_