WESTERN AUSTRALIAN COLLEGE of AGRICULTURE
Harvey

2027 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 understand 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:** _____