

**TROUT CREEK COMMUNITY DEVELOPMENT DISTRICT**  
**Certification of Orientation and Authorization to Use Fitness Center**

Name of Minor: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**I. Authorization and Waiver by Parent(s) or Legal Guardian(s) Minor Ages 14 and 15.**

I, on behalf of my child, hereby certify that my child has completed the fitness center orientation and is authorized to use such facilities without adult supervision. I, on behalf of my child, hereby release Trout Creek Community Development District ("District") and its supervisors, officers, staff, agents, and regular or contract employees, from any and all claims of any kind that I or my child ever had or may have arising from or related to my child's use of the facilities of and/or participation in any activities conducted by, or on the premises of the District unless such claims are the result of negligence or intentional, willful, or wanton misconduct. I further acknowledge that my child's use of the fitness center shall be in strict accordance with its intended use and in the manner for which it has been designed and the District may, in its sole discretion, withdraw its consent to my child's use if there is any misuse of the fitness center on my child's part. The District's Amenities and Recreation Manager shall have the authority to determine if any such misuse has occurred.

In the event that I cannot be reached, I authorize and direct any employee or agent representing the District to make emergency medical decisions for my child. I agree that the District shall not be responsible for the cost of such medical treatment.

Print Name: \_\_\_\_\_ Relation \_\_\_\_\_  
(Parent or Legal Guardian)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**II. General Wavier.**

I, on behalf of my child, hereby agree to indemnify, defend and hold harmless Trout Creek Community Development District and its supervisors, officers, staff, agents, and regular or contract employees (collectively, the "Indemnities") from any claim, liability, cost, or loss of any kind sustained or incurred by either any of the Indemnities or by other residents, users or guests, resulting from any acts or omissions of my child arising out of or incident to my child's use of the facilities unless such claims are the result of negligence or intentional, willful, or wanton misconduct.

Print Name: \_\_\_\_\_  
(Parent or Legal Guardian)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**III. Acknowledgment of Rules and Policies by Minor.**

I have read and understand the policies and rules of the Trout Creek Community Development District and understand that misuse of the fitness center may result in suspension of my privilege to use the fitness center.

Print Name: \_\_\_\_\_  
(Minor)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***For District Use Only:***

Name of Minor	Age	Date Orientation Completed
_____	_____	_____
Name of Trainer	Signature	
_____	_____	