

**Florida Southern College  
Nina B. Hollis Wellness Center  
WAIVER FOR A MINOR**

***Welcome to the Florida Southern College Nina B. Hollis Wellness Center. We request your understanding and cooperation in maintaining both your safety and health by reading and signing the following consent agreement.***

This is to certify that \_\_\_\_\_ is in good health and in  
(PRINT NAME OF MINOR)  
soundness of body that warrants his/her usage of the FSC Wellness Center facilities as outlined by the HWC Policies and Procedures. Also, I certify that said participant has no known recent exposure to a contagious disease and had no operation or serious illness, which would restrict his/her usage.

I/We accept full responsibility for the above-mentioned minor, and by signing below give my/our permission for him/her to participate in the use of the Nina B. Hollis Wellness Center.

I/We the parent(s)/guardian(s) of the above-named minor, hereby give my/our approval to his/her participation in the use of the Nina B. Hollis Wellness Center. I/We assume all risks and hazards incidental to such participation. I/We do hereby waive, release, and forever discharge the facility and its employees from any and all responsibilities or liability for injuries or damages resulting from usage in the area. In the event of any injury I hereby give my consent to any qualified staff member to administer first aid. I/We understand that the use of the facility and any of its equipment entails some risk of accidental injury to my/our child, and I agree that my child will use such equipment and facilities with due care. I also understand that minor children under 18 years of age are to be accompanied at all times by their parents. **Minors 15 and younger are limited to pool usage only. Minors 16 and 17 years of age must be accompanied by an adult, and must provide proof of age upon request.**

Included in this agreement I promise to abide by all of the HWC Policies and Procedures. As parent or legal guardian, I hereby give permission for and understand that my child \_\_\_\_\_ will participate in the use of the Nina B.  
(NAME OF MINOR)  
Hollis Wellness Center.

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PARENT OR GUARDIAN SIGNATURE

DATE

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PARENT OR GUARDIAN Print name please