DOCUMENT 2

Vitrokids Waiver & Parent/Guardian Consent

APPLIES TO: *Youth Participants Aged 10–17 · Must be signed by a parent or legal guardian*

PLEASE READ THIS DOCUMENT IN FULL BEFORE SIGNING.

This is a legal document. By signing it you are agreeing to important terms on behalf of your child that affect your legal rights and your child's legal rights.

IMPORTANT FOR PARENTS OF CHILDREN AGED UNDER 14
Children in this age group are NOT covered by the venue's insurance policy. By signing this document you explicitly acknowledge this and accept full liability for your child's participation.

A ABOUT THE EVENT

The Vitro Kidz event is a youth fitness performance experience. Results — including any scores or benchmark figures — are fitness performance benchmarks only. They do not constitute medical advice, clinical health assessment or medical diagnosis of any kind. No Vitro staff member acts in a medical or clinical capacity at any Vitro Kidz event.

B CHILD'S DETAILS

Child's Full Legal Name (PRINT)	
Date of Birth	
Age on Day of Event	
Age Category:	*U12 / U16 / U18*
Any known medical conditions / medications	
Emergency Contact (if different from parent)	

C PARENT/GUARDIAN DECLARATIONS

I, the undersigned parent or legal guardian, confirm and agree as follows:

1. Understanding of Event Nature

I understand that the Vitro Kidz event is a fitness performance event providing benchmark scores. I understand that no results, scores or communications from Vitro or its staff constitute medical advice, medical diagnosis or clinical health assessment.

2. INSURANCE ACKNOWLEDGEMENT — CRITICAL
UNDER 14s ARE NOT COVERED BY VENUE INSURANCE. If my child is under 14 years of age on the day of the Event, I explicitly acknowledge that my child is NOT covered by the venue's insurance policy and that my child participates entirely at my own risk as parent/guardian.
The Organiser strongly recommends that parents/guardians of children aged under 14 obtain appropriate personal accident or sports activity insurance before registering.

3. Health Declaration

I confirm that:

→ My child is physically fit and able to safely participate in the physical activities involved in the Event

→ My child has no medical condition, injury or impairment that makes participation unsafe

→ My child has not been advised by a medical professional to avoid sustained physical exertion of the kind involved in the Event

→ If I have any doubt about my child's fitness to participate, I have obtained medical clearance from their GP before registering

→ I have informed my child to tell event staff immediately if they feel unwell, experience pain, dizziness, chest discomfort or any abnormal symptom during the Event

4. Acknowledgement of Risk

I understand that participation in the Vitro Kidz event involves physical activity appropriate to my child's age category, and that physical activity carries inherent risks including: muscle and soft tissue injury, joint strain, falls, fatigue, overexertion and cardiovascular exertion-related effects.

I voluntarily accept all inherent risks associated with my child's participation on their behalf and on my own behalf.

5. Responsibility and Conduct

I confirm that:

→ I accept full responsibility for my child's participation and conduct during the Event

→ I have informed my child that they must follow all instructions given by event directors, marshals and staff at all times

→ I will be contactable by telephone throughout the duration of the Event

→ I will be present at the venue during the Event (required for participants under 14)

6. Liability Release

To the fullest extent permitted by applicable law, I release and discharge Vitro, FortitudeFit, and their respective directors, staff, coaches, volunteers and partners from any claim arising from injury, loss or damage sustained by my child during their participation in the Event, where such injury, loss or damage:

→ Arises from the inherent risks of physical activity as described above

→ Results from my failure to disclose a relevant health condition at registration

→ Results from my child's failure to follow event staff instructions

→ For children under 14: arises from the risks I have explicitly accepted in clause 2 above

Nothing in this release excludes or limits liability for death or personal injury caused by negligence, or any other liability that cannot lawfully be excluded.

7. Medical Treatment Consent

I consent to first aid and any necessary emergency medical treatment being provided to my child during the Event if required.

8. Media Consent

I consent to photography and video being taken during the Event for use in Vitro marketing and promotional material, subject to the Photography & Media Policy (Document 8). I may withdraw this consent by notifying the Organiser in writing before the Event.

D PARENT/GUARDIAN SIGNATURE

Parent/Guardian Full Legal Name (PRINT)	
Relationship to Child	
Signature	

Date of Signing	
Contact Number	
Email Address	
Event Name / Date	

FOR OFFICE USE ONLY	
Waiver received and checked by:	
Date:	
Child age confirmed:	
Insurance note applied: Yes / No	