

**FLEX  
AND  
FEED**

**BRENDAN BURCHALL**

Personal Trainer  
Fitness Specialist

Email: [contact@flexandfeed.com.au](mailto:contact@flexandfeed.com.au)  
Phone: 0423 267 730

## Personal Training Permission for Adolescent

I \_\_\_\_\_ (Parent name) grant **Brendan Burchall**  
permission to train my child \_\_\_\_\_ (child name) of  
Address (street & number) \_\_\_\_\_  
\_\_\_\_\_ State \_\_\_\_\_ Post code: \_\_\_\_\_

in resistance training as his/her guardian whilst training in the gym.

I do not need to be present whilst these sessions are in progress and as guardian, trust  
Brendan the trainer will have \_\_\_\_\_ (child name) best interest at heart  
and will not train outside scope of practice. It is up to \_\_\_\_\_ (child  
name) to notify Brendan if at any time they feel pain or discomfort whilst exercising so  
appropriate measures can be taken.

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Parent signature

Parent name

Date

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Client signature

Client name

Date

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Trainer signature

Trainer name

Date

Brendan Burchall

[www.flexandfeed.com.au](http://www.flexandfeed.com.au)

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