



## **Consent Letter for Participation in the 21-Day Transformation Challenge Program for Minors**

Dear \_\_\_\_\_,

We hereby request your authorization for your child, \_\_\_\_\_, to participate in our 21-Day Transformation Challenge Program, specifically designed to promote healthy habits and improve the physical well-being of minors, under the supervision of wellness professionals.

### **Program Objective:**

The program aims to provide participants with knowledge and tools to maintain a healthy lifestyle, including guidance on nutrition, age-appropriate physical exercise, and emotional support. All of this will be conducted in a safe and controlled environment.

### **Activities to be conducted:**

- Educational sessions on healthy eating.
- Physical exercises adapted to the participant's age and physical condition.
- Consultations and follow-up by wellness professionals, nutritionists, and trainers.

### **Potential Risks:**

While all program activities are designed to be safe and supervised by professionals, there are inherent risks to physical exercise, such as minor injuries (sprains, falls). Additionally, some dietary changes may cause temporary effects such as fatigue or gastrointestinal discomfort.

### **Expected Benefits:**

- Improvement of eating habits.
- Increased physical activity.
- Healthy weight loss.
- Improved self-esteem and emotional well-being.

RETO DE TRANSFORMACIÓN  
**21 DIAS**

**Consent:**

By signing this form, you authorize your child's participation in the program, understanding the risks and benefits mentioned. Additionally, you agree that the necessary measures will be taken to ensure your child's safety and well-being throughout the program.

**Participant Information:**

- Child's name: \_\_\_\_\_
- Age: \_\_\_\_\_

**Legal Guardian Information:**

- Parent/Guardian's name: \_\_\_\_\_
- Contact phone number: \_\_\_\_\_
- Email: \_\_\_\_\_

**Consent Signature:**

I have read and understood the terms of this consent letter and authorize my child's participation in the 21-Day Transformation Challenge Program.

Parent/Guardian's signature: \_\_\_\_\_

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