

## PARENTAL CONSENT FOR MINORS; WAIVER OF LIABILITY

I \_\_\_\_\_\_(name of parent/guardian), hereby consent for my son/ daughter \_\_\_\_\_\_(name of minor), to participate in fitness classes at Joywheel Cycling Studio.

My son/daughter is at least 13 years old.

(DOB of minor) \_\_\_\_\_

In consideration of my child being allowed to participate in the classes and use the facilities and equipment, I do forever waive, release and discharge JOYWHEEL CYCLING STUDIO, LLC and their respective owners, officers, officials, agents, employees, instructors, from any and all claims or liabilities for injuries, medical expenses incurred for such injuries or damages, or damages to my child and/or child's property, or death, including those caused by negligent acts or omission of any of those mentioned or others acting on their behalf arising out of or connected with my child's participation in this activity, and I hereby agree to submit any and all claims to binding arbitration and abide by the judgment of that arbitration.

\_\_\_(Please initial)

I understand that any physical activity, including indoor-cycling, has inherent risks. I declare my child to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in this or any other physical activity. I understand that a medical examination to assure my child's physical fitness is desirable and obtaining such examination is my own responsibility. I acknowledge that my child has had a physical examination and has been given physician's permission to participate in this activity or I have decided to allow my child to participate in this activity.

\_(Please initial)

In signing this release, I acknowledge and represent that I read the foregoing Waiver of Liability, understand it and sign it voluntarily as my own free act and deed and am not under any physical or emotional duress to sign. I am at least eighteen (18) years of age; the parent/legal guardian of the child named above; and fully competent. My child is at least thirteen (13) years of age and fully competent. In case of emergency, I agree to



allow the above parties to call for emergency medical assistance and I am aware that I am financially responsible for those medical services.

\_\_\_\_\_(Please initial)

I understand that some of the lyrics in the songs played in class may be explicit. \_\_\_\_\_(Please initial)

Signature of Parent/Legal Guardian: \_\_\_\_\_

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

Printed Name of Parent/Legal Guardian: \_\_\_\_\_

Emergency phone #: \_\_\_\_\_

Printed Name of child participant: \_\_\_\_\_

Participant's Email on Account: \_\_\_\_\_