

Functional Speed Academy at ICON Fitness - Waiver of Liability for Minors



This Waiver of Liability ("Waiver") is intended to release **Functional Speed Academy at ICON Fitness ("FSA") and its employees, agents, representatives, successors, and assigns from liability for any injury or damage that may occur to your child while participating in FSA activities.**

Please read this Waiver carefully before signing.

I, the undersigned parent or legal guardian of [Child's Name], hereby agree to the following:

1. Acknowledgement of Risks: I understand that participation in FSA activities, including but not limited to training, coaching, and use of equipment, involves inherent risks of injury. These risks include, but are not limited to:

* **Physical injury:** sprains, strains, fractures, dislocations, concussions, and other injuries.

* **Illness:** heat exhaustion, dehydration, and other illnesses.

* **Damage to property:** damage to equipment or personal property.

* **Other risks:** unforeseen circumstances and incidents that may result in injury or damage.

2. Assumption of Risk: I voluntarily assume all risks associated with my child's participation in FSA activities, regardless of whether such risks are known or unknown, foreseeable or unforeseeable. I understand that FSA is not responsible for any injury or damage that may occur to my child, regardless of whether such injury or damage is caused by the negligence of FSA, its employees, agents, or representatives.

****3. Release of Liability:**** I hereby release, discharge, and hold harmless FSA, its employees, agents, representatives, successors, and assigns from any and all claims, demands, actions, causes of action, liabilities, losses, damages, costs, and expenses (including attorney's fees) of any kind or nature, whether known or unknown, arising out of or in any way connected with my child's participation in FSA activities.

****4. Medical Information:**** I acknowledge that I have provided FSA with accurate and complete medical information about my child, including any allergies, injuries, or conditions that may affect their participation in FSA activities. I understand that it is my responsibility to keep FSA informed of any changes to this information.

****5. Emergency Contact:**** I have provided FSA with accurate and complete contact information for emergency contact in case of an emergency. I understand that it is my responsibility to keep FSA informed of any changes to this information.

****6. Waiver of Right to Sue:**** I understand that by signing this Waiver, I am waiving my right to sue FSA for any injury or damage that may occur to my child while participating in FSA activities.

****7. Governing Law:**** This Waiver shall be governed by and construed in accordance with the laws of the State of California.

****8. Severability:**** If any provision of this Waiver is held to be invalid or unenforceable, such provision shall be struck and the remaining provisions shall remain in full force and effect.

****9. Entire Agreement:**** This Waiver constitutes the entire agreement between me and FSA with respect to the subject matter hereof and supersedes all prior or contemporaneous communications, representations, or agreements, whether oral or written.

****I have read and understand this Waiver and agree to its terms and conditions. I understand that by signing this Waiver, I am releasing FSA from liability for any injury or damage that may occur to my child while participating in FSA activities.****

****Parent/Legal Guardian**

Signature:** _____ -

****Date:**** _____

****Printed**

Name:** _____

****Child's**

Name:** _____

****Child's Date of Birth:**** _____