

# VIM STRONG Parental Consent Form

I, \_\_\_\_\_ (please print parent/legal guardian's name) agree that  
\_\_\_\_\_ (please print participant's name) may exercise at VIM STRONG  
(Revolution Indoor Cycling, LLC) and is **at least 13 years of age**.

**RELEASE:** In consideration of participation in a fitness activity, I agree, on behalf of the above named child, his/her heirs and representative, to fully and forever release, Revolution Indoor Cycling, LLC, its officers, volunteers, agents, instructors and employees from any and all liability, claims, demands, damages, actions, of causes of action, whatsoever arising out of a or related to belonging to my child or me, related to the activity, regardless of cause.

**CONSENT:** To the best of my knowledge, the above named child can fully participate in exercise. I am aware of risks and hazards connected with exercise and my child hereby elects to voluntarily participate in exercise activities, knowing that the exercise and equipment may be dangerous to my child. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury that may be sustained by my child or any loss or damage to property owned by me or my child, as a result of being engaged in exercise activities at Revolution Indoor Cycling, LLC, regardless of who caused the incident.

**HOLD HARMLESS:** It is my express intent that this release and hold harmless agreement shall bind the members of my family and spouse (if any), if I am alive, and my heirs assigned and personal representatives, if I am not alive, shall be deemed as a release, waiver, discharge and covenant not to sue Revolution Indoor Cycling, LLC. I hereby further agree that this waiver of liability and hold harmless agreement shall be construed in accordance with the laws of the state of Wyoming.

**MEDICAL COSTS:** I understand that Revolution Indoor Cycling, LLC will not be responsible for any medical costs associated with any injury my child may sustain.

**RULES AND REGULATIONS:** My child and I further agree to become familiar with the rules and regulations of Revolution Indoor Cycling, LLC concerning participant conduct and not to violate said rules of any directive or instruction made by the person or persons in charge of the facility.

**INSURANCE:** Revolution Indoor Cycling, LLC urges you to obtain adequate health and accident insurance to cover any personal injury to your child that may be sustained during exercise.

**MEDICAL TREATMENT CONSENT:** I HEREBY FUTHER AUTHORIZE IN ADVANCE ANY NECESSARY MEDICAL TREATMENT REQUIRED BY THE ABOVE NAME CHILD WHILE IN ATTENDANCE AT REVOLUTION INDOOR CYCLING, LLC. I FURTHER AGREE TO ASSUME RESPONSIBILITY FOR THE COSTS OF ANY MEDICAL CARE AND ACKNOWLEDGE THAT THESE COSTS ARE THE FINANCIAL RESPONSIBILITY OF THE UNDERSIGNED. I ALSO ACKNOWLEDGE THAT I HAVE /WILL NOTIFY REVOLUTION INDOOR CYCLING, LLC OF ANY SPECIAL MEDICAL NEEDS OR INFORMATION REQUIRED BY THE ABOVE NAMED CHILD.

**INFORMED AGREEMENT:** I have reviewed this Agreement and am aware of the risks involved in participating in the Exercise and the possible injuries that may occur. My child freely and voluntarily agrees to participate in the exercise. In signing this release, I represent that I understand this Agreement and sign voluntarily as an act of my own free will. Revolution Indoor Cycling, LLC has not made any oral representations, statements, or inducements, apart from this Agreement. I am at least eighteen (18) years of age and fully competent to execute this Agreement.

Participants name: \_\_\_\_\_

Participants birth date: \_\_\_\_\_

Signature of Parent/LegalGuardian: \_\_\_\_\_

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

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

Emergency phone number: \_\_\_\_\_