Naxos Strength & Conditioning LLC

1809 S. Quincy St Arlington, VA 22204 Phone number: (571) 344-5165

Minor Fitness Services Waiver - Assumption of Risk & Release of Liability Form

My child,	(enter name), has enrolled in the personalized health and fitness program offered
-	nditioning LLC (owner: Samuel J. Kaylor) (hereinafter "Naxos"). I recognize that the program may
•	ivity including, but not limited to, muscular strength and endurance training, cardiovascular
• •	other various fitness activities. My child will be voluntarily participating in the fitness training and
_	not be limited to, the following: athletic-development focused training, resistance training,
	nenics, fitness instruction, speed and agility drills, obstacle courses, mobility exercises, high intensity
•	onal recommendations and diet planning, and running (hereinafter "Fitness Services").
sprinting and jumping, natrice	and recommendations and diet planning, and rumning (nerematic).
My initials below indicate	that I agree with and understand the following:
	ty to consult a physician before my child participates in this or any fitness program and I affirm that my as that would restrict my child from participating in any of the Fitness Services.
liability, whether tangible or in for conditions that my child m spasms, injuries to knees, inju	os, and if applicable, its owners, trainers, agents, and representatives, harmless from any damage and ntangible, that may happen to my child while participating in the Fitness Services now or in the future may obtain. Such injuries may include, but are not limited to, muscle strains, muscle sprains, muscle ries to back, injuries to foot, heart attacks, raised blood pressure, and broken, fractured, or dislocated oreness that my child may incur, including death.
to maintain the diet and fitness	ffers the Fitness Services with no guarantee of results. I agree that I and my child are solely responsible s regime appropriate for my child's level of health and stamina, and I agree that any results that occur, are the effects of my own personal choices.
	d's participation in the Fitness Services is not a replacement for actual medical care, and that if my child s, I will contact a doctor immediately.
	at all of the information that I have given Naxos and its representatives is accurate, up-to-date, and nown medical issues for my child.
	at if I have omitted any necessary personal information, whether knowingly or unknowingly, I will hold bility for any damages that may occur to my child, myself, or to others while receiving Fitness Services tions.
I agree to keep Naxo	os apprised of any changes or upcoming changes concerning my child's physical health and personal
I understand and ag discomfort before, after, or du	gree that it is my responsibility to let Naxos know if I know of or my child expresses any pain or ring the Fitness Services.
	uire medical treatment or attention while or after participating in the Fitness Services, I agree that the me alone and hold Naxos blameless from any charges, fees, or costs from those conditions.
	and that Naxos is a home-based business and I assume the risk of my child entering the Kaylor home for t limited to allergies related to pets and communicable diseases.

ASSUMPTION OF RISK. I understand and am aware that my child's participation in the Fitness Services involves risks. These risks may lead to tangible or intangible harm, and I agree that they may result not only from my own actions but also from the actions of others. With the knowledge and understanding of these risks, I choose, of my own will and volition, to continue participating in the Fitness Services. I am also aware that there are risks that I may not have considered, yet I waive my right to any claims that may occur from these unconsidered risks, and I choose, of my own will and volition, to have my child participate in the Fitness Services.

COVENANT NOT TO SUE. I will not start any lawsuit or other court action against Naxos, nor will I join any such proceeding, including any claim for money damages. I acknowledge and agree that I am entering a covenant not to sue Naxos in any capacity, including to hold Naxos liable for any injury, loss, or damage sustained by me, my child, or my property, even if it is due to Naxos 's negligence or omission. I also waive the right of any of my insurers' to make any such claim.

INDEMNIFICATION: I agree to defend and indemnify Naxos and any of its affiliates (if applicable) and hold them harmless against any and all legal claims and demands, including reasonable attorney's fees, which may arise from or relate to my child's use or misuse of the Fitness Services or my conduct or actions. I agree that Naxos shall be able to select its own legal counsel and may participate in its own defense, at its sole discretion.

GOVERNING LAW: This Fitness Services Waiver shall be governed by and construed in accordance with the internal laws of Commonwealth of Virginia without giving effect to any choice or conflict of law provision or rule. Each party irrevocably submits to the exclusive jurisdiction and venue of the federal and state courts located in the following county in any legal suit, action, or proceeding arising out of or based upon this Fitness Services Waiver: Arlington County

ENFORCABILITY: This Fitness Services Waiver will bind and be enforceable against me and all of my personal representatives. I agree that this Fitness Services Waiver should be enforceable to the fullest extent of the law, and if any portion is held invalid, the remainder should continue in full legal force and effect. I specifically acknowledge and agree that this document is not intended to be a general release, which would be limited under some state and local laws. This Fitness Services Waiver shall be construed and interpreted as broadly as possible in the applicable jurisdiction.

REVOKE MEMBERSHIP: Naxos has the sole right to revoke membership to the gym in the event that any portion of this agreement is breached.

The following is the identifying and contact information for the minor client and Parent/Guardian:

Parent/Guardian Legal Name (Print):

Parent/Guardian Address:

Parent/Guardian Phone Number:

Parent/Guardian Email:

Emergency Contact Name:

Emergency Contact Phone Number:

Relationship:

I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND AND AGREE TO THE ABOVE STATEMENTS.

Parent/Guardian Signature:

Date:

Minor Legal Name: ______ Date of Birth: _____