



MINOR PARTICIPANT WAIVER, RELEASE, AND ASSUMPTION OF RISK AGREEMENT

*(This document must be completed and signed by a parent or legal guardian
before any participant under 18 engages in activities at the Facility.)*

Facility Name: MyBody Complex Northfield LLC (“the Facility”)

Address: 193 Northfield Road, Northfield, Illinois 60093

Email: MyBodyComplexNorthfield@gmail.com

Participant Information (Minor)

- Full Name: _____

- Date of Birth: _____

- Address: _____

Parent/Guardian Information

- Name: _____

- Address (write “SAME” if same as above): _____

- Phone: _____

- Email: _____

Trainer Information

- Trainer Name: _____

- Contact Phone/Email: _____

Acknowledgment of Risks and Release of Liability

I, the undersigned parent or legal guardian of the above-named minor (“Participant”), in consideration of the Participant being permitted to use the facilities, equipment, and services provided by the Facility and participate in physical training and related activities under the supervision of the trainer identified above, hereby agree and acknowledge as follows:

1. Voluntary Participation: I understand and acknowledge that the Participant’s use of the

Facility and participation in any physical training, exercise, or related activities is entirely voluntary.

2. Assumption of Risks: I acknowledge that participation in physical fitness activities, including but not limited to weight training, cardio exercise, personal training, group classes, and use of exercise equipment, inherently involves risks of injury, illness, property damage, and, in rare cases, death. Such risks may result from, among other causes, falls, overexertion, equipment malfunction, or negligence. I knowingly and voluntarily accept and assume all such risks on behalf of the Participant.

3. Medical Condition: I certify that the Participant is in good physical health, has no medical condition that would prevent safe participation in physical activities, and has been cleared by a physician if necessary. I agree to notify the Facility and the trainer of any changes to the Participant's health or physical condition.

4. Release and Waiver of Liability: To the fullest extent permitted by law, I hereby release, waive, discharge, and hold harmless the Facility, its owners, officers, employees, trainers (including the trainer identified above), contractors, agents, affiliates, successors, and assigns from any and all claims, demands, damages, actions, or causes of action arising out of or related to any injury, illness, accident, death, or property damage that may occur to the Participant while on the premises or participating in any activities at or associated with the Facility, whether caused by negligence or otherwise.

5. Indemnification: I agree to indemnify and hold harmless the Facility and the trainer identified above from and against any and all claims, actions, damages, costs, or expenses (including attorneys' fees) brought by or on behalf of the Participant or any third party arising out of or related to the Participant's presence at or use of the Facility or participation in its activities.

6. Emergency Medical Authorization: In the event of a medical emergency involving the Participant, I authorize the Facility, its staff, or the trainer identified above to seek medical treatment deemed necessary and agree to be financially responsible for any such care.

7. Rules and Conduct: I understand that the Participant is required to comply with all rules, regulations, policies, and instructions of the Facility and the trainer. Failure to do so may result in suspension or termination of facility access without refund.

8. Independent Contractor Acknowledgment: I understand and agree that the trainer named above is an independent contractor and is not an employee, agent, or representative of the Facility. The Facility does not employ, supervise, or control the trainer and is not responsible for the trainer's actions, omissions, programs, advice, or services. The Facility provides access to the premises and equipment only and does not provide training, instruction, or supervision to the Participant. All training services are provided solely by the independent contractor named above.

9. Governing Law and Venue: This agreement shall be governed by and construed in

accordance with the laws of the State of Illinois. Any disputes arising under this agreement shall be brought exclusively in the state or federal courts located in Cook County, Illinois.

Acknowledgment and Signature

I have carefully read and fully understand this Waiver, Release, and Assumption of Risk Agreement. I understand that I am waiving substantial legal rights on behalf of myself and the Participant, including the right to sue the Facility and related parties. I sign this agreement voluntarily, without inducement, and with full understanding of its terms.

Media Consent (Optional): I consent / do not consent to the Facility capturing and using photographs or video recordings of the Participant for marketing, promotional, or educational purposes, including use on the Facility’s website and social media platforms.

Parent/Guardian Name (Print): _____

Signature: _____

Date: _____

Relationship to Participant: _____