

Parent or Guardian of Person under the Age of 18 Years of Age

For safety reasons, children under the age of 15 may not utilize the fitness facility; 15 – 17 year-olds may use the facility only if this form is completed and submitted by a parent or guardian.

1. I/we, the parent(s) and/or legal guardian(s) of the above named minor person ("Minor"), acknowledge and agree that I have read the Agreement, reviewed the Rules, reviewed the instructions for the operation of equipment in the Fitness Center and this Agreement with the Minor, and agree that the Minor shall be bound by and comply with the terms of this Agreement.
2. I/we further acknowledge and agree to indemnify and hold harmless the Alexandria Knolls West Condominium Homes Council of Owners ("Council"), and hereby release and forever discharge, to the fullest extent permissible under Virginia law, the Council, its directors, officers, employees, members, residents and agents for any claims, liabilities, injuries, damages to the Minor, direct or indirect, including but not limited to costs and attorney's fees, arising from, caused by, or the result of the Minor's use of the Fitness Center including any first aid, emergency treatment or any other services, which may be rendered or failed to be rendered by released parties, emergency personnel or good samaritans.
3. I/we further acknowledge and agree that I/we am/are responsible and liable for any and all claims, liabilities, injuries, damages to persons or property, direct or indirect, including but not limited to costs or attorneys' fees, arising from, or as a result of the Minor's misuse, abuse, intentional or negligent use of the equipment and participation of activities in the Fitness Center. I hereby agree to indemnify and hold harmless the Council, its directors, officers, employees, members, residents and agents for any such claims and/or liabilities, injuries, damages to persons or property, including but not limited to, costs and attorneys' fees.

Print Name of Minor: _____ Age: _____

Parent/Guardian Signature: _____

Print Name: _____ Date: _____

Parent/Guardian Signature: _____

Print Name: _____ Date: _____

Witness Signature: _____

Print Name: _____ Date: _____