



InCycle

New Student Information

Amount Paid -

Payment Method -

Name _____ Phone _____ Cell _____ Home _____

Address _____

City, State, Zip _____ DOB _____

Email _____

Agreement of Release and Waiver of Liability

I _____ (**print name**) understand that cycling includes significant physical exercise as well as an opportunity for relaxation and stress reduction. I understand I will receive information and instruction; including verbal and physical adjustments about cycling and health. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. It is my responsibility to consult with a physician prior to my participation in the cycling class. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in the cycling class. I am aware I may be physically adjusted. I agree to take full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the program.

Cycling is not a substitute for medical attention, examination, diagnosis or treatment. Cycling is not recommended and is not safe under certain medical conditions. I affirm that I alone am responsible to decide whether to practice cycling. I knowingly, voluntarily, and expressly waive any claim I may have against InCycle and InCycle, LLC for injury or damages that I may sustain as a result of participating in the program. I, my heirs, or legal representative forever release, waive, discharge and covenant not to sue InCycle and InCycle, LLC for any injury or death caused by my participation in the cycling class.

I have read the release and waiver of liability and fully understand its consent. I voluntarily agree to the terms and conditions stated above.

Signature of Participant _____ Date _____

If Participant is Under 18:

As legal guardian of _____, I consent to the above listed terms and conditions.

Signature: _____ Date: _____

Emergency Contact Information

Name _____

Phone _____ Relationship _____

How did you hear about us?

Online Search ____ Facebook ____ Yelp ____ Advertisement ____ Store Front ____ The Yoga Studio ____

Carmel Chamber of Commerce ____ City Center Resident ____ Friend ____

Name of Friend that Referred You: _____