



## Waiver and Release

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

E-Mail \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Contact Phone # \_\_\_\_\_ 2nd # \_\_\_\_\_

---

---

I, \_\_\_\_\_, volunteer to participate in **Spin City** spinning classes/program and attest that I am in good physical condition and do not suffer from any disability that would prevent or limit my participation in such classes/programs. I further acknowledge there are hazards which may exist in any exercise program and I accept all risks involved in the classes/program.

I, for myself, my heirs and assigns, hereby waive and release **Spin City** and its employees and owners, from any claims, demands, and causes of action, now or in the future, arising from my participation in the spinning classes/program. I acknowledge and agree that **Spin City** is exempt from liability for any injury or disability that I may incur during or as a result of my participation in the spinning classes/program.

Signature \_\_\_\_\_ Date \_\_\_\_\_